A hand holding a magnifying glass over a circular object with a blue mesh screen. The title is printed in red capital letters on the screen.

VOICES OF CONSCIENCE FROM THE MEDICAL PROFESSION

Explosive
testimonies of
rational doctors
about private
medical practice
in India

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' *Voices of conscience from the Medical profession* '

***Revealing testimonies by rational doctors about the
Reality of private medical practice in India***

Dr. Arun Gadre and Dr. Abhay Shukla

Translation by
Vidyadhar Gadgil

Report based on a study done by SATHI, Pune
(Support for **A**dvocacy and **T**raining to **H**ealth **I**nitiatives)

A SATHI publication

An enlarged version of this publication containing the complete report and added sections on directions for change, will be published soon by **Penguin, India** in form of the book

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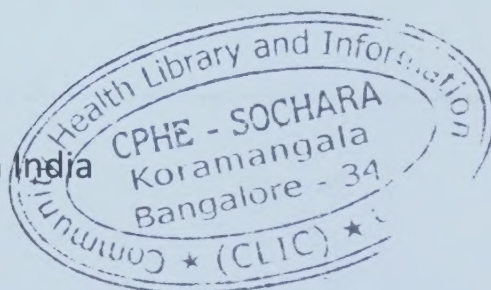
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Introduction

Health and Health care should be treated as basic rights for every human being. These rights are an inalienable part of the Right to Life, which is one of the fundamental rights enshrined in the Constitution of India. This is the perspective that has guided SATHI's work since over one and half decades, carried out in collaboration with a large range of partner organisations. During this journey, one of our most important observations has been that while the majority of patients turn to private medical services for a variety of reasons, there is large scale dissatisfaction regarding the quality of services, unaffordable costs of care, and unnecessary procedures and surgeries often conducted in private medical facilities. It is clear that the laws for regulating private medical services are either very weak or non-existent, and their implementation is so perfunctory that these services are effectively completely unregulated. Though the private medical sector is a behemoth that dominates the entire health care scenario, since it is unregulated and lacks any standardisation, this giant has feet of clay. Given this context, as one step to address this huge problem, the Central Government passed the 'Clinical Establishment Act' in 2010, in order to regulate private medical services across the country.

However instead of welcoming standards to regulate their profession, most associations of private doctors have bitterly opposed this Act. It may be true that this opposition draws upon certain deficiencies and lacunae in the Act. However the basic stand of most of the doctors' associations has been: "We private doctors are doing an excellent job of regulating ourselves. All is well, though there may be a few rare exceptions. So there is no need for society to regulate doctors."

What is the truth about this stand taken by the doctors' associations – that everything is fine and that there is no need for regulation? We decided to study this issue. One logical source of information was the dwindling but significant number of rational doctors, who even today are trying to conduct their practice in an ethical manner. The first author of this report, Dr. Arun Gadre (AG) met a few such doctors who were in touch with us. What are their experiences regarding the current state of their profession? Is everything hunky-dory, or are there deeper secrets being hidden under the bluster of medical associations? In case these rational doctors are dissatisfied, what are the reasons? Such questions were the starting point, based on which, with support from SATHI, we took forward the exploration and contacted a larger circle of doctors across the country. We were pleasantly surprised to find that though few in number, such rational voices within the medical profession were present in every place we searched for them.

This report contains the thoughts and reflections of such rational doctors, their critical introspections, their 'dissenting diagnosis' which runs counter to complacency related to the state of medical practice displayed by mainstream associations of private doctors. These doctors are courageously holding up a mirror to the profession. Their 'voices of conscience' are full of righteous anger, yet they also reflect a sense of helplessness at the sorry state of this once 'noble profession'.

We should not lose sight of the wider factors that have led to this situation. Since the last few decades, like all sectors of Indian society, the health care sector has been swept up in the whirlwind of globalisation, liberalisation and privatisation. How did it come to pass that a well-intentioned, service-oriented profession was transformed into a market-driven commodity, and then into a corporate-led, profiteering industry? It was as if most doctors – preoccupied as they were with their own individual practices – were unable to comprehend this sweeping process. In barely a couple of decades, the entire context of the private medical sector was transformed. Pharmaceutical companies, insurance companies, corporate hospitals, medical equipment companies, private medical colleges, multinational vaccine manufacturers – all these powerful actors related to the private medical sector have been united in their drive for expanding profits, and they have ensured that health care becomes more and more of a commodity in the marketplace, their shiny goods (of sometimes doubtful benefit) being available only to those who can afford their escalating costs.

Not only did the social logic of the medical profession fall by the wayside, even the logic of rational medical practice was increasingly blown away, like a leaf in the wind, by the all-encompassing logic of profit. As this decline took place, those doctors who were grounded in the logic of service felt the ground being swept away from under their feet; their traditions of 'keep the patient foremost' were being rapidly buried under a more ruthless logic – 'keep profits foremost'.

In this context, the reflections of these 78 rational doctors from various parts of the country may sound like the swan song of a species on the verge of extinction. But the concerns that are being raised are not restricted to doctors alone. These anguished voices are now finding wider resonance, in the form of deeply felt popular dissatisfaction and simmering anger, regarding practices in the private health care sector. Sporadic but growing attacks on private hospitals are the regrettable but inevitable consequence of a problem that is now too large to be pushed under the carpet.

Unfortunately, many governments are today withdrawing from their responsibility to provide quality health services to people, and are resorting instead to 'Public-private partnerships'. Eager votaries of such 'PPPs' and state-supported health insurance schemes would have us believe that the state should hand over large scale public funds to the private medical sector, based on the assumption that private providers will provide good quality health care to the population. In this context, these scathing reflections on the private medical sector from within the medical profession provide us a healthy counter-view. These observations give us a glimpse of what we might expect, if the state decides to hand over responsibility for providing health care on a large scale to unregulated, profit driven private agencies, without effective regulation and rationalisation.

In a sense, this report is a 'public hearing' on the private medical sector, conducted by a section of private doctors themselves. We are putting this report in your hands in the hope that the searing testimonies it contains will awaken the general public, citizen's groups, social movements, and political representatives, leading to the realisation that the private medical sector in India urgently needs to be regulated and rationalised through large scale public action. We hope that with social pressure and political attention, the private medical sector that has remained unregulated until

now, will be subjected to participatory, social regulation in the interests of ordinary patients, as well as rational health care professionals. That would be the best response we could give to the anguished voices of ethical doctors, that are reflected in this report.

Nowadays, whenever the issue of private medical services is discussed, people speak with great dissatisfaction. They recount a variety of negative experiences with great disappointment.

Over the past few decades, under the influence of privatisation and liberalisation oriented policies, public health services have been left underfunded. They are also often prone to corruption and not adequately responsive to ordinary patients. Not only does the middle class keep well away, but in many places even the poor are abandoning public health services and turning to private services. The chilling reality is that to cover the costs of using private medical services, the poor are forced to sell their very homes and lands. According to the World Health Organisation, in the past few years approximately 3.5% of the population per annum (amounting to nearly 4 crore people) have been pushed below the poverty line in India, just on account of expenditures incurred by them on expensive private medical services. They are forced to resort to these services since they are not able to access good quality public health services.

Organisations like the Indian Medical Association (IMA), which represent many doctors, do not examine this frightening reality with any seriousness. In fact, the focus of these organisations is towards denying that there is any such deeply problematic reality at all. The stand of the IMA has consistently been that while there may be a few black sheep, the majority of doctors are conducting their medical practices ethically and properly.

We see that there is a section of doctors who conduct their practices honestly and in a rational manner even today; what is the opinion of these doctors with regard to the private medical services that have nowadays become the dominant providers of health care? To what extent do these doctors themselves feel that the current situation is serious and dangerous? What are the solutions that can, in the opinion of these doctors, be devised to tackle this frightening situation at a systemic level?

What do these ethical doctors, and also other doctors who are very dissatisfied with this entire degenerated system, think about all this?

Society probably has no idea of the helplessness of such doctors who are themselves deeply troubled about the entire scenario. What is it that ordinary people see? The insistent and self-congratulatory posture of associations like the IMA. Or else the newspaper reports about attacks on hospitals, and the cases that are brought before the consumer courts, sensational media reports on deaths in private hospitals caused by negligence. Of course, if a 30-year-old person dies during a simple operation, it is not as if this may be due only to a mistake by the doctor. But the experience of society is that many doctors today exploit patients, and conduct investigations, surgeries and procedures for which there is no genuine need. Due to the background of such experiences, even if there is a suspicion of negligence in a case of death in a hospital, the public reaction can easily flare up into violence. (However deplorable the violence, we need to understand the context in which such extreme reactions arise.) There has been a decline of transparency in the medical sector, and the overall position of many doctors and their associations has been of complicit silence or active support of the guilty. Against this background, there are two advantages in bringing into the public domain the voices of rationally practicing, ethical doctors.

Firstly, we can examine the claim that 'there are only a few doctors who are engaged in unethical practices, but the entire medical profession is being blamed'. This dubious assertion can best be critically dissected by practicing doctors themselves.

Secondly, this will help doctors and their associations, the general public, the government and public health bureaucracy, consumer organisations, ordinary patients, the media, and researchers working on issues of health to realise the seriousness of the need to bring about urgent change in this completely unacceptable and deteriorating situation. When doctors themselves expose the stark reality of the private medical sector, there will no longer be any grounds for doubt about the magnitude of the problem.

This is why we have attempted to tackle this controversial area head-on, and have elicited the views of ethical doctors by conducting interviews of selected doctors across various parts of India.

Methodology of the study, which is the basis for this report

The doctors who have been interviewed for this report include famous doctors as well as less-known doctors from Maharashtra, Chhattisgarh, Bangalore, Delhi, Kolkata and Chennai. This includes doctors practising in megacities like Mumbai, Bangalore, Kolkata and Delhi, in cities like Pune, Nasik and Sangli, in smaller towns, and even doctors practising in villages. Well-known doctors have participated in this exercise, including Dr Vijay Ajgaonkar, diabetes specialist from Mumbai; Dr Arun Bal, surgeon and activist who has played an important role in highlighting unethical medical practices; Dr Sanjay Gupte, former President of the Federation of Obstetric and Gynaecological Societies of India (FOGSI), Pune; Dr H.V. Sardesai, senior physician at Pune, Dr Arjun Rajgopalan, senior general surgeon at Chennai and Dr Sanjib Mukhopadhyay, senior gynaecologist at Kolkata.

Table 1 : Details of 78 Doctors interviewed

Distribution based on work in private practice, not-for-profit or public / academic institution	
Private practitioners	66
Public/ academic institute	7
Not for profit/ charity hospitals	5
Geographical distribution - Cities	
Bangalore	9
Chennai	7
Delhi	11
Kolkata	7
Mumbai	5
Nashik	5
Pune	17
Medium and small sized towns	
Small and medium sized towns in Maharashtra	16
Small town in Chhattisgarh	1

Distribution based on qualification	
Anesthetist	3
BAMS	2
BHMS	2
Cardiologist	2
Cardio thoracic surgeon	1
Dentist	1
ENT surgeon	1
Gastroenterologist	3
Gynecologist	9
Interventionist	1
MBBS (General practitioner)	9
Nephrologist	4
Ophthalmologist	4
Orthopedic surgeon	1
Pediatrician	6
Pathologist	3
Public health expert	4
General physician	6
Psychiatrist	1
Radiologist	1
Skin specialist	3
General surgeon	10
Urologist	1

Distribution by level of specialisation	
Super specialist	13
Specialist	52
General practitioner	13

Whether they own a hospital	
Yes	10
No	68

Whether attached to corporate/ multispecialty hospital	
Yes	27
No	50

Permission given to reveal personal identity	
Yes	37
No	41

Years of experience of practice	
Less than ten years	2
Ten to twenty years	7
Twenty to thirty years	16
More than thirty years	53

How these Doctors were selected

The doctors to be interviewed were identified through personal contacts¹, and then through a further chain of doctor contacts. This is not a representative sample, and hence there is no claim that the views of these 78 doctors reflect the views of the entire medical profession. In fact, it is relatively difficult to locate ethically practicing doctors, who may be regarded as 'exceptions' within their profession, hence this specific method had to be adopted.

The initial circle of doctors was from among those whom the first author (AG) knew personally, and who were known to be practising ethically. Further doctors, especially outside Maharashtra, were located through the contacts of ethical doctors, or contacts of colleagues in SATHI, who had experience regarding the ethical and rational practice by such doctors.

AG finally interviewed this set of doctors, regarding whom there was some evidence that they were ethical and rational in their practice, and who were willing to give an interview, and place their views in the public domain. One by one, 78 such doctors were interviewed all over India.

¹ This is similar to the process of 'chain sampling' that is used to study individuals with rare traits, who may be easier to trace through informal contacts.

There were a dozen doctors who were interviewed who do not have private practices, but who have a close knowledge of the nature of private sector. These include Dr Vandana Prasad, paediatrician and former member of the National Commission for Protection of Child Rights (2012-13); Dr L.R Murmu, Additional Professor of Surgery at the renowned public hospital AIIMS in New Delhi; Dr Chandrakant Pandav, Head of the department, Centre for Community Medicine, AIIMS; and Dr. Punyabrata Gun of Shramajibi Swasthya Udyog from Kolkata. These twelve doctors who do not have private practices were included along with the 66 doctors who do, because they relate intensively with the private medical sector and either treat patients coming from the private sector or have studied the private sector in some form. Many private doctors often make use of a renowned government hospital like AIIMS as a dumping ground for their patients who have complicated illnesses or terminal diseases. Besides, many poor people are left with no choice but to come to such a hospital when private doctors recommend a course of treatment that they cannot afford to take. For these reasons, those working in a hospital like AIIMS have significant knowledge of the workings of the private medical sector.

Each of these doctors gave written consent to record their oral, face-to-face interviews. In certain cases, due to lack of time for an oral interview, selected doctors sent written answers to our questions. An effort has been made to responsibly reproduce their words exactly as they were expressed. The recordings of the interviews have been carefully preserved as proof of the accuracy of the transcriptions.

Thirty-seven of the doctors who participated in the study gave permission to use their names, and their names have therefore been mentioned in this report. Both authors have been engaged in private practice and they are aware that doctors who are engaged in private practice live in a situation like houses of glass. They work with the anxiety that occasionally a patient under their care may die or develop serious complications, even without any mistake on their part. In such a situation, there is no effective mechanism that can help them, while there is a tendency among doctors in the private sector to point fingers at other doctors. Hence many honest doctors engaged in private practice are apprehensive about alienating their colleagues, while exposing malpractices in the private medical sector. Therefore, the names and locations of those doctors who were not willing to disclose their names have been kept confidential, as requested by them.

As far as readers are concerned, these doctors may be located anywhere: in metropolitan cities, large or medium sized cities, or smaller towns.

The interviews given by these doctors who are currently engaged in private practice, all point towards an important and serious reality. This is the deplorable decline in ethical standards in private medical services, and also the highly commercialised form that such practice has acquired. But even more than this, they make it clear that in our midst there is still a group of doctors, albeit a small one, who just like most patients, feel suffocated in the midst of the gross commercialisation of the private medical sector. They are angry about the irrational and unethical practices that are rampant. Barring a few very senior, well established doctors, the majority of these young and middle-aged doctors are engaged in a tough day-to-day struggle to avoid compromise and keep themselves out of the jaws of unethical, commercially driven practice which has become the dominant norm.

It is a genuine fear that such ethical doctors may soon, like some endangered species, become extinct. If we are to avoid this, then society must rapidly identify structures and mechanisms that would ensure protection of rational practice and control of unethical practices, which would provide support to such doctors and would reverse the trends that are dominant today.

All these doctors were asked nine common questions, as follows:

1. Are you satisfied with the private medical sector as it functions today?
2. If not satisfied, then tell us in which forms have standards gone down and problems have arisen.
3. From your experience, can you give us some examples of medical malpractice?
4. Give some examples from your own experience of irrational practices which cause harm to patients.
5. Can you give some example of inflated rates being charged for medical services?
6. What is the impact of the growth of corporate and multi-speciality hospitals on the medical profession?
7. What is the impact that insurance has on functioning of hospitals?

8. What is the influence of pharmaceutical companies on functioning of hospitals?
9. What suggestions do you have to improve the current situation?

AG personally contacted all these doctors and conducted the interviews. For more than twenty years, AG has had a private practice, as a gynaecologist in a rural area. Therefore, he was able to be quite precise and specific when conducting these interviews. Generally it was possible to explain the questions properly to the doctors and the interviews could be conducted effectively. Similarly, it was possible to understand exactly what the doctors meant when they made certain points during the interviews.

All these doctors participated fearlessly in the interviews. They shared their observations openly. Thirty seven doctors have also given written permission to use their names.

As we outline the conclusions, opinions and insights gained from these interviews, we first present the complete interview of Dr. Vijay Ajgaonkar from Mumbai, who is a very senior and revered figure in medicine, a popular teacher and a leading diabetes specialist. His interview reflects many of the themes that emerge from the interviews with other doctors. Other doctors have adopted tones of varying sharpness; each of them has emphasised different issues. The doctors' interviews vary as per the influence of their experience of medical practice, their area of practice, their geographical location, and their qualifications. But the interview with Dr Vijay Ajgaonkar reflects almost all the salient main themes in a sharp manner, and hence we would begin with his interview.

Writing this report was certainly a challenge. In order to do the task effectively, our colleagues at SATHI Dr. Anant Phadke and Dr. Nilangi Sardeshpande provided valuable assistance. We are grateful to them.

We would like to express the hope that this report would be of some use in terms of creating awareness in society and among doctors, about the need to ensure social regulation and transparency in the private medical sector.

Chapter 1

Complete interview : Dr Vijay Ajgaonkar, Senior diabetologist, Mumbai

Question: *There is a growing demand from society for effective regulation of the private medical sector. What is your opinion on this subject?*

Dr Ajgaonkar: There are no two ways about it. Regulation of Medical practice is of course necessary. Because we have collectively not been able to maintain the ethics of our profession and we have let it become a business! That is the state of affairs today!

Why should doctors work? To serve the people. Now any person who says to himself, "This 'service' stuff is too much, I can't do it," should not come to study medicine. The nature of our profession earlier was service-oriented. What the medicines that were used in earlier times? They were often placebos. Let me explain about placebos to your readers. They are tablets without any effective ingredient in them – but they are given as treatment anyway, so that the patient feels better, since they feel that have received some kind of care. People used to feel better even with those placebos. The reason was because there was a relationship of trust between doctor and patient.

Now under the onslaught of technology, we have lost our clinical sense. Often, an illness has psychological origins. I myself have often seen cases where just a few minutes of sensitive conversation with a patient has resulted in a dramatic decrease in blood sugar levels. But see what is

happening – American fads are now getting established here. Just fling a set of statistics in the patient's face. The prognosis is ... 97% mortality! So is it really like this? First, 97 patients will die, and only after that will 3 be saved? No, it's not like that, is it? Are doctors some kind of gods? No? Then they should boost that patient's morale. A patient's will to live can be strong ... and if the doctor builds his morale and these come together, people live on, casting aside all kinds of gloomy prognosis. I have seen such cases myself. We can't say which patient fits into this pattern. Medicines alone do not help, the doctor patient relationship is tremendously important. We seem to have forgotten these principles nowadays. What we treat are figures for blood pressure and blood sugar, X-rays, MRIs and CT Scans. We don't treat human beings. Even during our medical training, we dissect parts of the body ... we never look at a person as a whole.

Now everything in medicine has become mechanical. Doctors too have changed. I will tell you about doctors in earlier days. Dr Modi was 40 years my senior. But he used to come to Chembur to examine my patients. He charged just Rs 50 and what did he tell the patient? "The medicines given by Dr Ajgaonkar are all appropriate and I am not going to change even one." Dr Wadia would make a diagnosis just based on the patient's detailed case history, and would decide the course of treatment after examining the patient. It was only rarely that he would order investigations.

Now our greed has increased to the extent that when a patient of one consultant goes to another consultant, the second one prescribes the same medicine, but merely changes the brand to show that he is doing something different. And it is true that this profession has now become a completely commercial business.

If you look at the issue objectively, it is not our role to make money by taking advantage of another person's illness. But that is exactly what is happening. They put terminally ill 70-80 year-olds on ventilators. Keeping the hospital meter running, unnecessarily using the ICU and ventilator. Come on, just let the patient go home. Let him die in peace at home amidst his family members. In the ICU there are tubes in the mouth and nose ... the patient can't speak even if he wishes to.

Of course, when the patient is young, and the disease is reversible ... certainly you should use the ventilator. But what is the point in pushing forward for a short while an old man's death – that too while you ruin him

financially and increase his sufferings?

Doctors angrily question why there is no regulation on builders and property developers. In the first place, we are not builders but doctors. We deal with issues of life and death! That is not the case with the builders and developers. And then if we ourselves start behaving like builders, people will also treat us as such. Have we ever imposed any self-discipline on ourselves? No. If we ourselves do not keep ourselves well dressed and start dancing in the nude, why would other people tolerate our behaviour? They will take steps to cover us decently. How can we then complain “You are interfering with our work?” How dare we complain? You tell me, do we have any right to do that?

And what a terrible state we have reached: the pharmaceutical companies have tried to entice us with big temptations, and we have fallen prey to them. Simply because it's free ... just because pharmaceutical companies give one free booze, senior, eminent doctors get drunk in public programmes ... when one sees this, one is disgusted, ashamed. Drink if you want. But go to your room and drink, not in public with the free liquor given by drug companies. Once you are in the pharmaceutical companies' debt, then you have to prescribe unnecessary medicines produced by them. And as to pharmaceutical companies ... yes, some new molecules are useful. But what about the price? Just see ... insulin was available at Rs 30 or so per dose, now it costs around Rs 150. How is that? The research costs on the medicine have been recovered – now should the medicine become cheaper or more expensive over time? Not even one medicine ever becomes cheaper. How is that? I for one never attend pharmaceutical company-sponsored meetings, and if I do go, I never eat anything other than a salad.

Often, largely useless medicines, medicines that have no additional benefit compared to existing cheaper variants, are palmed off. And even if any defects come up in the post-marketing survey ... the companies don't disclose this information and continue to market the same medicines.

And now huge corporate hospitals and multi-speciality hospitals are growing. These hospitals put pressure on all the doctors linked to the hospital, and on their full-time doctor employees. They demand that they must send a certain quantum of business to the labs and the radiologists. There is no doubt that this practice has become commonplace.

Unnecessary investigations are then forced upon the patients. The unfortunate patients are trapped. They keep running from one big hospital to the other. This is what is going on today.

KEM Hospital, Nair Hospital, JJ Hospital* – these are all teaching hospitals, and procedures like angioplasty are performed there too. If well supported, these teaching hospitals can easily do better than all these corporate and multi-speciality hospitals. In that case, we should increase the facilities in these government hospitals. But elected representatives ... they have now become self-representatives. The facilities in public hospitals are not improved. The government hospitals are being ruined through deliberate neglect. Just as MTNL is being killed off so that private mobile companies can profit ... the government hospitals are being neglected so that corporate hospitals may benefit.

Now see ... the radiology unit and lab have been outsourced by JJ Hospital and KEM Hospital. Why was this done? The same reason – to promote the private sector. How can the poor afford this? One does not understand. Why would private hospitals do anything for free? Of course they avoid giving free services; there is no doubt about it.

The history of these corporate hospitals and the influence they wield is frightening. The 'Diabetic Association of India' is an organisation that was set up by my father. The association set up a hospital for the poor in a small building in Mahim, Mumbai. Members of the association were charged concessional rates for all services. I was working there and my OPD would be the most crowded; people would queue up from 5 am. But then the hospital was taken over by a corporate hospital. Since it was a hospital run by a trust, they could not directly buy it up. So then they took over the management of the Diabetic Association. They paid the membership fees of our lower-level staff to enrol them as members, and got a majority of votes in favour of corporate takeover. For the General Body Meeting of the association, the lower level staff was brought there in buses, and subsequently they were taken to an expensive hotel for lunch.

The doctors were also no different. Many of them would sign without even examining the patient and prepare a bill. They would do this with in-patients and patients in the operation theatre. Such doctors too happily

*Public hospitals in Mumbai

joined the corporate bandwagon and also voted for it. And thus the corporate lobby finally took over the hospital management, and built a separate twelve-storey air-conditioned hospital building. Hospitalisation there for just two days would cost around Rs 50,000. I could not bear to see this, and I resigned. Then they too were unable to manage the hospital – it has now been taken over by Fortis.

Why just corporate hospitals – what is going on all around is unspeakable.

I will give you an example from Pune. A judge was about to be appointed to a higher post. As part of the process, he went to a famous doctor appointed by the government for the purpose. The doctor declared the judge unfit, saying that his blood pressure was high. The judge was angry. He checked his blood pressure elsewhere: it was normal! So he went back and confronted the doctor. The doctor openly told him, “Will you be able to pay me X amount of money?”

The judge shot back, “Tomorrow I will be presiding as a judge. Should I change my judgement because one of the parties in a case comes to me with money? I will go to Mumbai and get a genuine certificate from another doctor. I will try not just once but ten times, and I will of course never give any money. And once I get a genuine certificate, I will file a suit against you.” This is the state of affairs with a famous, senior doctor!

Another example, from Mumbai this time, an MD in pathology. Acting on the suggestion of the doctor who had referred a patient to him, this pathologist gave a fake report declaring that the patient was diabetic, when his blood sugar was normal! A fake pathology report, being given by a MD in pathology!

Why did the concerned general practitioner do this? Because the patient would now become the lifelong patient of the general practitioner. This is what goes on nowadays. And tell me ... there are private medical colleges which charge lakhs of rupees as capitation fees to give admissions. Those who take admission in such colleges are rolling in money. What does such a doctor think about, after graduating? He will extract lakhs of rupees from the patients' pockets. This situation must change! It is no longer possible for a poor student to get a medical education. If a poor student is admitted, one can at least hope that he will have some sensitivity towards other human beings. Even this is merely a hope, of course, not a certainty. Nowadays one cannot trust anybody.

Just see how we are treating our own professional organisations. The Medical Council of India! Elections to the MCI are akin to political elections. Only he who has money can get there. And you have seen what the result has been. It's all a joke.

Only those who want to engage in politicking ... want to inflate their own sense of importance ... only such people enter professional organisations, and that is their only motive. There are a few decent people, but they are ineffective. There is no service-orientation left. Only rights are demanded by such associations ... right after right. But what about your responsibilities? You have no concern about that, not a jot.

The result is that we were not able to collectively regulate our profession. It was within our ability to impose collective self-regulation, that would have prevented regulation of doctors being taken over by the government. But that situation no longer remains. That is why we now have no choice but to accept a law like the 'Clinical Establishments Act' and hand over authority to the government. Because it is essential to put an end to the anarchy that currently prevails.

How does anyone claim that we cannot implement 'Standard Treatment Protocols'? There are protocols for treatment of diabetes as well. And in some special cases, you can keep aside the protocol and prescribe another appropriate medicine if required. Nobody is going to penalise you, if you have a convincing rationale for the course you have followed. It is simple to bring in Standard Treatment Protocols. It is certainly possible, and it must happen. Along with this law, private medical colleges (which charge huge donations) also need to be closed down.

The cost of medicines must come down. That too is possible. It must be mandatory for doctors to prescribe only generic medicines. The third important step is to provide consulting places at low cost. Fees too should be pre-determined. A rate structure could be created. It is certainly possible and it must happen. Because unless we do all of these, no law will have the desired impact.

But what if doctors don't improve even after all this? What can the government do? It can't do anything. Finally, to deal with patients' complaints, there is no alternative but to identify good doctors and create a panel with such doctors. This will automatically amount to self-regulation by doctors.

This is very difficult. Even if a doctor has been grossly negligent ... other doctors cover up for him as a fellow professional. One will have to set up a panel of doctors who will take an objective stand. Bring in any system ... any law ... there is no alternative to setting up such panels, to genuine self-regulation. That is the root of the problem.

All this must be done. Of course, it is a difficult task. But we should start taking steps towards this goal. My sincere best wishes to all of you who are attempting this!

Summing up...

It is not surprising if you feel bewildered after reading this. This interview, emerging as it does from deep values and feelings, presents before us a noble person like Arjuna who is resisting powerful evil forces. Further, this interview makes us uneasy, since we are likely to think about the past: once upon a time there were such doctors, who cared for patients and knew them personally, there used to be such a service-oriented occupation. The regret that Dr Ajgaonkar feels in his old age makes one uncomfortable. It also evokes an honest anger. "It should not be so ...". This interview provokes us to question and change this unacceptable state of affairs.

Dr Ajgaonkar is not alone in speaking up about this situation. Another 77 doctors from various backgrounds are sharing with the reader of these pages, their experiences and concerns. Of all ages from 30 to 80, from various parts of the country, from small towns to metros, they want to tell us something that is both revealing and disturbing. They are deeply uneasy as they see the dark shadows multiplying rapidly.

The greatest rot is to be found in hospital transactions. Distortions of the 'noble profession' that are beyond our imagination are being perpetuated. Let us look at some more such eye-opening experiences, saying to ourselves, 'let us know the truth, however disturbing it may be.'

Chapter 2

Malpractices in Private Hospitals

From Dr Ajgaonkar's pained narration, we have seen how the unimaginable becomes possible, when the conscience stops working, and brilliant brains start working in the wrong direction. This is no surprise. A doctor had alerted us to this danger over a century ago. Dr Arthur Conan Doyle, the creator of the world-famous Sherlock Holmes and himself a physician, stated;

"When a doctor does go wrong he is the first of criminals. He has the nerve and he has the knowledge."— Sir Arthur Conan Doyle, 'The Speckled Band'.

This is unfortunately true. Actually, a doctor's knowledge may be able to save a person's life, it can alleviate a patient's pain. It can ensure that a newborn baby's first cry goes out to the world after a safe delivery. But one essential requirement of a doctor's profession is that he or she should remain equanimous when treating patients. He has to be careful not to get emotionally involved with any patient, and towards that end he must internalise a calm professionalism. But let us hear from doctors themselves what happens when such 'clinical detachment' starts becoming channelized in the service of gross and unscrupulous profiteering.

We often suspect that numerous malpractices occur while patients are admitted in hospitals. What is the truth about all these malpractices? Some doctors will now themselves reveal this 'inside information'. These doctors are whistleblowers. They are appealing to all of us: "See, these are the unacceptable malpractices that are taking place behind closed doors,

we are witnessing them, but we alone are unable to change this situation. Now society urgently needs to do something about this.”

We need expert medical care at various stages of treatment - making a diagnosis; suggesting various alternative courses of treatment; conducting the treatment / investigations / procedures that the patient prefers and can afford; informing and counselling the patient properly about the risks and situations that may arise during treatment. Getting appropriate treatment is our right as human beings, irrespective of whether the doctor has taken the Hippocratic Oath or not. Unfortunately today we have a situation where this human right (as the very foundation of the Right to Life) no longer exists, and we have to purchase health services like any other commodity. Even in this situation, we should have rights as consumers: appropriate fees should be charged for medical services, and there should be no cheating in fees and quality of service. But to what extent does this actually happen? To what extent does the private medical sector acknowledge our rights? With these questions in the background, let us see what private doctors have to say.

In the following part one of the report, we have divided the doctors' statements into various chapters, each dealing with one category of issues. Since we are ourselves doctors, we have been able to appreciate the essence of what each doctors was saying, and have formed the categories which you are now about to read. The purpose of making such categories is to help the reader sharply understand the critical dimensions of each situation. With these categories, the reader will be able to understand exactly what the point is that the doctors want to make through their examples. Of course, it is very rarely that doctors have spoken exclusively on only one particular subject. But when an example is placed in a particular category, it means that the example focuses on that particular issue.

Category 1 : Malpractices during Diagnosis

"People have become educated, but there is a loss in that too. Nowadays they have heard of the phrase 'Platelet Count' because of the dengue epidemic. The platelet count drops with any viral fever. I identify such patients in the OPD, and call them daily for a platelet count. Very few need to be admitted, may be one in a thousand. But many other general

practitioners tell educated patients, "See, the count is just 1,50,000 rather than 2 lakh." They give the patient a saline drip, admit him. If the patient is well-off, then straight to the ICU, and a completely avoidable bill of Rs 25-30,000 follows!

– ***General Practitioner, Small Town***

Category 2 : Unnecessary investigations

"First they show that the patient has contracted malaria. They show that by a lab test, and give treatment, but the patient does not get better. Then they do another test and show that the patient has typhoid. Doctors are given whatever reports they want, by some labs, on payment of a commission.

The investigations that are made are also often unnecessary. They are not indicated in the textbooks, but they have been euphemistically termed 'Routine Investigations'. Just to increase the number of investigations required."

– ***Dr Jana, Shahid Hospital, Chhattisgarh***

Category 3 : Unnecessary procedures / operations / surgeries

"After admitting a case of diarrhoea, on the first day itself some doctors administer 10-12 different kinds of tablets to the patient. I use at most three medicines, which are usually sufficient. But nowadays even when there is no need, lots of medicines are prescribed. When one takes gifts from pharmaceutical companies, the strain is on the patients' pockets, and they end up consuming unnecessary medicines. This is also dangerous!"

– ***General Practitioner, Metropolitan City***

"I know a gastro-enterologist who performs numerous endoscopies on the same patient, when one is sufficient!

The Random Sugar Test is not the ideal test on the basis of which the patients' medication dose can be adjusted. Nevertheless, many physicians perform it."

– ***Dr Shyam Kagal, Physician, Pune***

"Nowadays even malpractice has become creative. Ingenious schemes are devised for 'cut'-based practice. One patient turned up at a hospital and it was decided to perform a hernia operation, as he had been diagnosed with hernia. But it wasn't a hernia at all! Sometimes even when there is no serious ailment, a pretence of surgery is performed. Nothing is really wrong with the patient. But he is given anaesthesia and some stitches are put on the skin, to show that an 'operation' has been done. A huge, completely unnecessary bill is charged."

– **General Practitioner, Big City**

"Operations for appendicitis / perforations are nowadays casually performed, sometimes even when there is no such condition. One common unnecessary operation is hysterectomy, which is performed after the patient has been frightened with talk of cancer. All this is increasingly common nowadays. Patients are sent from government hospitals to private hospitals. They are encouraged to shift to the commercial hospital. To ensure this, the private hospital becomes 'attached' to the government hospital."

– **General Practitioner, Small Town**

"Every month I get at least 2-3 cases where the patient has all the paperwork ready. They have been told by some other ophthalmologist to have a cataract surgery, and they have come to me with the required money because someone has recommended me. I examine them and tell them that they have no cataract! This confuses them. They don't know whom to trust. They even harbour the suspicion that I don't understand the issue properly, or that I am scared to perform surgeries. They pressurise me to perform a surgery. But I refuse."

– **Ophthalmologist, Metropolitan City**

Category 4 : Commissions / Cut practice

"I did a job in a private set up for 14 years. Since the past 8 months, I am running my own private practice, having left my lab in the city. A lot of very problematic things are going on nowadays. If I practice ethically, no patients are sent to me. One is expected to do all kinds of things: giving cuts, throwing parties with liquor thrown in, giving doctors whatever reports they want – for example, presenting the Widal Test for typhoid in a

way that the doctor can admit the patient, even when he does not have typhoid. Out of 150 doctors whom I am in contact with, there are at the most 3-4 doctors who find my reports excellent and therefore send me patients without expecting anything in return. Just three or four! Today I am able to manage only because I have other sources of livelihood."

– Pathologist, Big City

"The running charges in a small hospital are the same as in a multi-speciality hospital. But in the multi-speciality hospitals to which I send my patients, there is a rate chart, there is transparency. In small hospitals, protocols and rules are not followed for diagnosis and treatment. They charge whatever they want, and they extract as much money as they can from patients. I will not support the practice of cuts. Neither do I take cuts. Some general practitioners say that there is an outrageous disparity between their bills and those charged by specialists and hospitals. People do not pay even a little extra money to a general practitioner. But they will pay whatever specialists and hospitals demand. Then what is wrong with taking a share of that money? But I don't agree with this practice. Why should I cut into my patients' pockets when I refer a case that I cannot manage, to a specialist or hospital? No. Cuts cannot be justified whatever the reason behind them. Yes, one thing should change: one should ensure that hospitals and specialists levy only reasonable charges – we need a system where the current anarchy does not continue."

– General Practitioner, Metropolitan City

"Actually, after 25-30 years of practice, we should install newer technologies and facilities here. But then it does not work out financially for me, if I take a loan for lakhs of rupees to buy a machine, and then do not pay cuts to get the patients. Hence I end up with no choice, except deciding not to buy the machine! From another perspective, this too is unfair to the patients."

– Dr Hemant Kotwal, Radiologist, Nasik

"Ambulance drivers and auto-rickshaw drivers too get a cut. Nowadays doctors admit patients in their own clinics, even when they know the case is beyond their competence. They keep the patient with them until the condition deteriorates and there is no choice but referring the patient. A huge bill is run up. Once the case has gone out of control, they send the patient to a corporate hospital. They get commissions in that process too."

– Gynaecologist, Big City

"I feel that it may be alright to have a system of a ten or twenty percent cut, that is uniform and legal. But one thing to ensure is that this amount is deducted from the specialists' share. The patient should not have to pay extra."

– **Surgeon, Big City**

"Nowadays one gets Rs 30-40,000 just for referring a patient for angioplasty. Dead patients continue to be kept on ventilators, until the anger of their relatives cools off. As soon as an accident takes place on the highway, seven or eight of these fellows go running to the site. "This one is mine, this one is mine," they say as they lift the patients. Is it a good thing that they promptly take such patients to orthopaedic wards of corporate hospitals? Or a bad thing?

And then in doctor's parties there are colourful discussions about how a certain 'lamb' was caught ... and slaughtered. "It's the slack season now," kind of stuff. They are saddened when people in society around them are in good health."

– **Dr Rajendra Malose, General Practitioner,
Chandvad, District Nasik.**

"I did not get a cheque for my cut like Dr Baviskar did. But I know for certain that this kind of cut practice is going on."

– **Dr H V Sardesai, Physician, Pune**

"Many doctors have clearly decided that there is no choice but to practice medicine as if one is running a business. They are involved in cut practice right from the beginning. After the advent of large and corporate hospitals, these practices have increased further. Malpractices are committed in a number of ways. For one, certain procedures are carried out even when knowledge and skill for them is lacking. The patient loses due to this. For another, both your and my share is extracted from the patient's pocket. And a third way is to say, "This procedure has been done" when it's not been done at all, and to take money for what has never been done."

– **Dr Vinay Kulkarni, HIV and Skin Specialist, Pune**

"At 2 am, auto-rickshaw drivers here tell patients directly, "I don't know the hospital you are talking about." Because he will take the patient only to the hospital that offers him a cut. Now even auto-rickshaw drivers are on the lists of those receiving cuts from doctors.

It's the destiny of every patient, which determines whether he will be in the hands of an honest doctor (there are very few of those anyway) or in the hands of a businessman. After all, how is a patient to know which doctor is honest? There is no means by which an ordinary person can find out!"

– **Dr Subhash Patil, Gynaecologist, Sangli, Maharashtra.**

Category 5: Lack of regulation – questionable degrees and treatment without required knowledge

"They do not teach laser treatment in our medical colleges. We learn by trial and error, experimenting on patients. These machines are forced upon us by other countries. They have been tested on foreigners. There is no study on people of Indian ethnicity and skin colour. Mistakes happen, and once one has got a laser machine, there is a rush to recover the cost. Even when there is no need, when it has no treatment value, patients are fed to the machine."

– **Skin Specialist, Big City**

"In one small town, an 'ophthalmologist' with a 'BAMSMS' degree (*questionable qualification for eye surgery*) performs cataract operations. There is no regulation. Who is allowed to operate? Optometrists test people's eyes, and also treat people. They collect and channelise patients to corporate hospitals."

– **Ophthalmologist, Medium-sized City**

Category 6 : Inflated bills

"How can we ourselves determine the value of our knowledge? Can I decide my profit margin as I feel like? If medical service is really a service, then how is it that the prices set by the doctors themselves become unaffordable to most people?"

Although taking an X-ray of a single tooth would suffice, X-rays of ten teeth are taken just to inflate the bill from Rs 50 to Rs 500."

– **Dentist, Big City**

Nowadays the patient is not the central point of medical practice. First, one thinks of one's own benefit. While one pursues this, in passing there may be some benefit to the patient! The criteria by which society measures a

doctor's success have also changed, as also the criteria by which doctors judge themselves. Now the successful doctor is one who has a big car, and earns a lot of money! Due to this, everything is now dictated by the logic of the market. The very structure of private medical practice has now become such that there is no place left for ethics.

As a soldier pushed into war, in order to save his life advances firing heavily and indiscriminately, so a doctor entering the private medical sector now starts his practice with a business-minded and market-oriented perspective. Obviously, any solution that are to emerge must be such that reform the system.

– Dr Sanjay Nagral, Surgeon, Mumbai

"They quote Rs 25,000 for chemotherapy and then later present a bill for Rs 65,000. There are many such examples. Actually, this is a completely planned treatment with no variation. There is no scope to raise the prices. Why would one take advantage of the helplessness of a cancer patient in this manner?"

– Skin Specialist, Big City

"Some doctors actually commit theft in hospitals. Somebody becomes a surgeon. Now should a surgeon steal a saline bottle? Of course not. But he does. *(This actually takes place in some hospitals. Patients are asked to purchase extra saline bottles, knowing fully well that they will not be used, subsequently these are appropriated by the doctor.)*

The patient is helpless. You will charge whatever you want, because you are famous. This is just not right."

– General Surgeon, Big City

Category 7 : Making money through prescribing medicines inappropriately

"Pharmacies that operate within hospitals must be closed immediately. *(Such drug stores often charge inflated rates for medicines from patients in the hospital who are a 'captive audience')*. Now even patients ask me, "Doctor, tell us right now where we can buy your medicine ... so that I can go straight there." This must be stopped."

- Skin Specialist, Big City

Category 8 : Miscellaneous

"Combining private practice with rational, ethical treatment has become an uneconomic proposition. If you see the prescriptions from private paediatricians, they contain only treatment. No history is written down. Even the diagnosis is not written. As for growth charts, nobody uses them. All this is unforgivable.

The shocking truth is that some paediatricians even advise mothers not to breast-feed their babies! This is saddening. That is, mothers are ready to breast-feed and doctors tell them not to do so. This is criminal. It is an example of the way doctors want to exert their power over patients. The plan behind giving such advice is to prohibit something the mother can do herself, and to take control. Because now the mother will come every month to ask the doctor, how she should feed powder milk to her baby. Besides, there is of course the influence of powder-milk manufacturing companies behind such advice."

– ***Dr Vandana Prasad, Paediatrician, Delhi***

"Sometimes we (working in a large public hospital) tell one of our patients that the cancer has spread extensively through his body, hence an operation is not possible. There is no further cure that can be attempted. Then the patient goes to a private facility. There they do some smooth talking, play on the emotions of the family, and perform an operation on a patient when it is certain to fail – and thus make a lot of money.

Nowadays I tell my patients not to rely only on our opinion. They should certainly get a second opinion from a private practitioner. That is the patient's right. But be smart when you get a second opinion. From my side, I will teach you three specific questions about your case, and the correct answers. Ask the doctor these three questions. Believe what he advises, only if he answers these three questions correctly. That is, if he were to tell you that the Taj Mahal is not in Agra but in Jaipur, you would know that he is not honest. My experience is that they mostly avoid answers to such direct questions. All they do is rouse emotions through smooth and evasive talk. In that case, you know that such a doctor does not give appropriate advice!

Many patients have operations in private hospitals. There, for example, after a colectomy operation (removal of colon), the histopathology of the

removed tissue is not performed. To make sure I ask the patient, "After being advised to do it, did you still not do it in order to save money?" And the patient replies that he was not told anything about such a test! This practice of not performing tissue histopathology is rampant in the private sector. It is completely unscientific and reflects negligence."

– **Dr L.R. Murmu, Professor of Surgery, AIIMS, Delhi**

"The short form of Rational Ethical Medical Practice is REM Practice. REM Sleep is a part of our sleep, a part during which we dream. Will REM Practice similarly remain only a dream? That is the question that worries me."

– **Dr Mandar Paranjape, Pathologist, Pune**

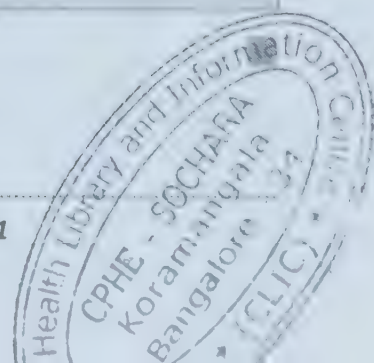
Summing up...

This is what is going on in the medical sector today. Such anarchy in a sphere that deals with questions of life and death, such naked pursuit of profit! There is no regulation based on qualifications, nor any regulation regarding how private practice is to be conducted. One can do whatever one wants. This situation has gone out of control. These quotes are honest admissions by doctors, of the frequent malpractices in hospitals. Let us end this chapter with something that one of these doctors said in his interview:

"Whenever there is any discussion of the malpractices in the medical profession, doctor's associations reply that every profession has a few black sheep. Maybe some such rare elements are involved in such unethical acts. But overall they claim, the medical profession is clean! But I feel that we will now need a microscope to find any white sheep that remain! This is the level to which this profession has sunk."

– **Dr George Mathai, Physician, Alibag,
District Raigarh, Maharashtra**

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The Toxic Influence of Pharmaceutical Companies

In a doctor's toolkit to fight disease, the most important tool is medicines. Actually, pharmaceutical companies and doctors should complement each other. Today one cannot think of a situation where one exists without the other. But it may be worth remembering that just a hundred and fifty years ago, there were no pharmaceutical companies. Doctors had at their disposal just a few self-prepared remedies like opium and mercury. Parents were sometimes anaesthetised by giving a blow on the head. Over the past hundred years we have made tremendous progress in medical science and technology. But the fact that major commercialisation of medical technology has taken place, is also an unwanted reality. Pharmaceutical companies began to enter the market with newer drugs, and in no time at all the arithmetic of profit was all that mattered, which overruled all other considerations.

It is the patient who buys medicine; the money comes out of the patient's pocket. But the patient has no control over this purchase. When someone goes to the market to buy soap, they know about the colour, scent and price of the soap they want to buy. The grocer does not decide whether the consumer should buy Lifebuoy or Lux; the consumer asks for it. But when it comes to buying medicines, things are different. This is not like buying soap— the patient can hardly decide which medicine they should buy ...“give me this or that antibiotic?” No. This has always been decided by the patient's doctor in the past, and will continue to be decided by the doctor. This is not a decision which the patient is likely to ever take independently. Therefore, it will always remain the doctor's responsibility, to take the patient's best interest into account when prescribing any medicine.

This monopoly that doctors have in deciding on purchase of particular medicines is an important basis for pharmaceutical companies to maximise their profits, by often unethical means. All that the companies have to do is to gain control over the doctors, by dangling various temptations in front of them.

Let us now see how pharmaceutical companies gain control over doctors, heard straight from the doctors ...

Category 1 : Inducements

"Don't even mention pharmaceutical companies. They have purchased us ...

We had organised a conference. We decided that each doctor would pay a subscription towards the expenses. We had thought that we would not take any sponsorship from pharmaceutical companies. But finally we ended up making hotel bookings for only around 100 out of the 1200 doctors who attended. Practically all the other doctors who attended the conference allowed the pharmaceutical companies to pay for their hotel bookings, transport, and food arrangements.

The doctors must maintain a sense of ethics and probity. But that does not usually happen."

– ***General Surgeon, Big City***

"As soon as a medical student becomes a doctor, the pharmaceutical companies take control. There is not even any sense of remorse that accepting gifts is a blow to their prestige and ethics. On the contrary, doctors consider these gifts as a right."

– ***Dr Jana, Shahid Hospital, Chhattisgarh***

"Pharmaceutical companies take doctors on foreign trips. They make all the arrangements. And there just is a pretence of doing some study on these trips. Unfortunately there are many doctors who enjoy all this.

Why is there such a large difference between prices of the same medicine, charged by different pharmaceutical companies, when the chemical used is the same?

There have been numerous advertisements in which various actresses were depicted using Lux soap. Every young woman would buy this soap. Now pharmaceutical companies disseminate similar advertisements. These advertisements tell fresh, young doctors: 'See, eminent doctors prescribe our medicines!' The junior doctors fall prey to these advertisements...

Today even many senior doctors prescribe 8-10 medicines, when a few tablets would suffice. There is no doubt that the pharmaceutical companies have promoted this practice."

– ***Dr H V Sardesai, Physician, Pune***

"Pharmaceutical companies routinely promote allopathic medicines to doctors who do not have a MBBS degree. How does this happen?

I never accept sponsorship by pharmaceutical companies. I spend my own money to attend conferences. Once when I went for a conference, there were no rooms in any of the hotels in the city – they had all been booked by the pharmaceutical companies! What was I to do ... I was left with no alternative but to stay in a hotel booked by one of the pharmaceutical companies!"

– ***Super Specialist, Big City***

"The pharmaceutical companies offered to sponsor me for a conference, but I refused. I usually prescribe generic medicines or cheap branded medicines. But the interesting thing is that once these pharmaceutical companies realised I don't prescribe their medicines, they stopped visiting me."

– ***Dr Suchitra, General Practitioner, Chennai***

"Pharmaceutical companies sponsor conferences where nobody bothers to listen to the lectures. Doctors just go to the stalls, and collect gifts. They enjoy the free drinks. It is a filthy business. What can one say?"

– ***Surgeon, Big City***

"Medical representatives influence the doctors. One of them offered me a trip to Singapore. I refused and told him that I would go at my own expense, and when I wanted."

– ***General Practitioner, Big City***

"Pharmaceutical companies exist to do business and make profits. But what about doctors? They too put pressure on pharmaceutical companies, telling them, "If I prescribe your medicines, send me on a tour to Europe."

In the field of psychiatry, pharmaceutical companies bring out new medications every day. There is no evidence that the new medications are better than the cheaper and effective medications that are already in use. And keep in mind the fact that our patients don't take these medication for just a few days, but often for months or even longer. Yet these unnecessarily expensive medicines are sold and also prescribed."

– ***Dr Sumit Das, Psychiatrist, Kolkata***

"Our branch of the IMA was functioning well. We would organise CME (Continuing Medical Education) workshops with our own funds. Gradually, the pharmaceutical companies pushed their way in. From 1995 onwards they began to organise their own CME workshops. Earlier, we would focus on the issues of importance that we had decided upon. But now the pharmaceutical companies began to select only those topics that would help them promote their new drugs. The workshops were free, with liquor thrown in. Finally the doctors in our city decided that all workshops henceforth would be organised by the pharmaceutical companies. I would ask them why they couldn't spend Rs 1000 per year on their own education. Why do you want it free? Finally, through a secret ballot, my opposition was set aside and the basic principles of our IMA branch were changed in favour of the pharma companies. Obviously, I withdrew from the IMA. Now all workshops in our city are conducted by pharmaceutical companies."

– ***Paediatrician, Big City***

"A rampant malpractice is in the area of prescribing vaccines – it is organised, and takes place on a large scale in a planned fashion. The practitioner gets a cut on the Maximum Retail Price (MRP). The more expensive the vaccine, the higher the cut. The cut is even more than the consultation fee. The doctor gets both – the cut from the company and the fee from the patient."

– ***Dr Vandana Prasad, Paediatrician, Delhi***

"Doctors have now become servants of the pharmaceutical companies."

– ***Dr Satish Gosain, General Practitioner, Delhi***

"The pharmaceutical companies are like a pack of wolves. They keep pestering you and encourage you to accept some incentives. Once you take anything from them, they immediately become arrogant. Now they begin to ask you directly, "Why don't you prescribe our medicine?" They start dictating terms, and because you have accepted money and gifts, you are morally bound to them."

– ***Dr Sanjay Bhatnagar, Paediatrician, Delhi***

Category 2 : Aggressive, predatory marketing

"The pharmaceutical companies have created mayhem. Things like conference sponsorship by drug companies must be stopped. MCI is aware of the problem, but there are lots of loopholes that can be exploited. Nowadays, doctors take money from pharmaceutical companies and prescribe 10 to 20 medicines in a single prescription. There is always an anti-oxidant tablet prescribed, whether it serves any purpose or not."

– ***Skin Specialist, Big City***

"Now pharmaceutical companies are resorting to a new strategy.

For example, they don't even produce Doxycycline (*an established antibiotic*) capsules, which cost less than Re 1 per capsule. Instead, they add a useless component like lactobacillus with Doxycycline, and then sell each of those capsules for Rs 5. And when the ordinary, cheap Doxycycline capsule is not even available in the market, one has no choice but to prescribe the expensive medicine. This is happening without any check with respect to many medications. One company recently withdrew a medication available for Rs 2. They made some token changes in the formulation and the same tablet is now sold by them for Rs 15!"

– ***Dr Jayant Das, Skin Specialist, Kolkata***

"Pharmaceutical companies try to give money to doctors under the pretext of conducting studies on their medicines. Such bogus clinical trials are conducted openly. The doctors lure the patients with the promise that the stated medication has come from abroad, and if you want to have it free, you would have to just sign this form, that's all! Please sign here.

Doctors collect the signatures on the forms. Sometimes they just fill up the details. Once they have given the papers for 10-12 cases (even without prescribing the medication) they get a cheque from the pharmaceutical company. If one puts an end to the money pharmaceutical companies spend on doctors, medicines will definitely become much cheaper. That must be ensured, for the benefit of patients. Doctors should be legally compelled to prescribe only generic medicines.”

– *Skin Specialist, Big City*

"The unscientific treatments that one sees are largely related to over-prescription of antibiotics. But where are the protocols to curb this malpractice?"

– *Dr Arun Bal, Surgeon, Mumbai*

"I ask patients who come from small towns, about which medicines the General Practitioner there has prescribed. They produce a whole collection of bottles. Most of these medicines are manufactured by small pharma companies. Obviously, these companies would have offered many inducements to these doctors, to prescribe these medicines. Many of them don't even have a MBBS degree. I don't think they know much about these medicines.”

– *Dr Suhas Bhawe, Paediatrician, Sangli, Maharashtra*

Summing up...

This is the vicelike grip that pharmaceutical companies have over doctors today. As soon as they pass out of medical college, medical representatives of pharmaceutical companies take charge of them. They easily forget what they have learnt, even the simple treatment of fever with plain Paracetamol. They now think only of a branded product that costs five times as much. The medical representatives introduce them to new medicines, various schemes are offered. Trips to Singapore and America, and – as one ophthalmologist informed us – even vests and briefs.

Pharmaceutical companies often cover the costs of conferences, in India and abroad. Mostly what transpires in these conferences is promotion of new medicines and new technologies. Many of the doctors are now willing to be seduced by pharmaceutical companies in such ways. This goes to the extent that in one city, the IMA branch decided by secret ballot that henceforth all their Continuing medical education (CME) workshops will not be conducted through subscription from the members, on subjects of their choice. Rather, they will be sponsored by pharmaceutical companies, and would cover the subjects chosen by the companies.

Pharmaceutical companies have today managed to purchase a majority of doctors - homeopathic and ayurvedic doctors who are not formally trained in allopathic pharmacology, MBBS doctors, specialists and even super-specialists. What is one to say? Advanced antibiotics which are not justified in minor illnesses are prescribed. When just a couple of medicines would suffice, the patient is handed a long list. Steroid eye drops that are harmful to both children and adults are used without any understanding. And doctors who are not gynaecologists give abortion inducing pills. It is a frightening situation of market driven anarchy and chaos!

You might be feeling a shiver of apprehension after reading all of this. Maybe a certain sense of helplessness too. There is absolutely no doubt that is high time to take the entire situation seriously, and to do something about it.

Chapter 4

Health care becomes an 'industry': The growing influence of corporate and multi-speciality hospitals

The times are changing rapidly... in the past 20 years, the influence of the market has grown tremendously in all spheres of life, under the influence of globalisation, liberalisation and privatisation. Medical services are no longer oriented around family doctors and personalised doctor-patient relationships; they have now largely become a commodity to be sold and purchased in the market. Just as shopping malls came up to sell groceries and consumer goods, corporate and large multi-speciality private hospitals arrived to sell medical services. The majority of these hospitals are not owned or run by doctors! Seeing the large profits to be made in the private medical sector, non-doctor investors are pouring money into these private medical businesses, to maximise returns on their investment. Among others, politicians, industrialists and stock market operators have poured billions of rupees into developing 'hospital-malls'. The important driving factor in the growth of these commercial enterprises is not professionalism of doctors, but the expectation of returns on big money that is being poured into them.

Twenty years ago there were hospitals set up and run by individual doctors; many still exist today. But now under the onslaught of corporate 'hospital-malls', they are often threatened with closure. Let us now see what our doctors have to say about large corporate / multi-speciality hospitals!

Category 1 : Unwanted investigations, procedures and operations

"In corporate hospitals investigations are not based on what the patient's illness is, and whether there is a need for specific investigations. Given any complaint, they produce a list of investigations that must be done".

– **Dr H V Sardesai, Physician, Pune**

"Totally unnecessary surgeries are being performed in corporate hospitals. During investigations, they may see a small stone in the gall bladder. It is not causing the patient any problems. But they scare the patient into going in for a surgery.

I know of a case where the patient was charged Rs 1.5 lakh for an Inguinal Hernia surgery done by Laparoscope." (*surgery for inguinal hernia is one of the simplest operations*)

– **Surgeon, Metropolitan City**

"Asking about the rising corporate hospital sector is a question that needs no answer. It is not just rising, but is now firmly established. Government health services have been weakened due to government indifference, and that is why there is scope for corporate hospitals to prosper. Due to the entry of corporates, the order of priorities has changed. Now the doctors' priority is no longer the best interests of the patients, but the profit earned by the shareholders of the company."

– **Dr Arjun Rajagopalan, Surgeon, Chennai**

Category 2 : Blatant Commercial Marketing

"Public relations officers of large corporate hospitals keep roaming around to visit doctors, they entice doctors to send patients with the temptation of cuts. Nearly everybody indulges in this practice. It must be legally banned."

– **Skin Specialist, Big City**

"Labour leaders at factories in our city are now in the pay of corporate hospitals. They agree to arrangements for health care of workers to be covered by the employer, at a particular corporate hospital. Now none of those 5000 workers comes to me. If they do come, they take some minor treatment and then go to the contracted corporate hospital. They have to, otherwise their medical expenses are not reimbursed by the employer.

I said to one such leader, "You protest against malls set up by Reliance. But now when you join up with the corporates, what are we smaller hospitals supposed to do? Besides, these corporate hospitals charge bills of Rs 1 lakh and more, while the surgeon gets only Rs 4,000 to 5,000."

– **General Surgeon, Big City**

"There is no humanism to be found in corporate hospitals. Small hospitals are being destroyed due to these corporates. This must stop. In small hospitals, there is at least the possibility that the doctor has not lost his basic sense of humanism. They wait for the patient to make the payment. They give concessions. None of this happens in corporate hospitals."

– **General Practitioner, Small Town**

"If a patient goes with my referral note, he gets 30-40% off on an MRI. (*because I do not take any commission*). One patient forgot to take my note. He was charged the full amount, and a cut went to some third party."

– **Dr Rajiv Dhamankar, Paediatrician, Alibag,
District Raigad, Maharashtra**

Category 3 : Commercial demands and target-related pressures upon doctors

"I qualified in Cardiology from PGI, Chandigarh. For the first nine months, I did a government job. But our government was using me to just treat patients with ordinary coughs and colds. Obviously, I had to leave the job. Then I joined a corporate hospital and worked there for seven years. I felt stifled there too. In order to benefit the hospital and meet its commercial needs, one has to do things like keeping patients in the hospital longer than necessary, and doing unnecessary investigations and procedures (including angioplasty) since there was pressure from the management of the hospital. My conscience began pricking me, and I left that hospital. Since the past 9-10 years I only do a consulting practice. Heart patients have to take care for their entire lives, and they need a cardiologist who keeps an eye on them. That is what I do nowadays. I am happy. Initially I would feel sad that I am actually an ICU expert and can perform angioplasties. Now I cannot use those skills. (In one sense, that is a loss to society.) But rather than compromise on ethics, I prefer this compromise. And now I am realising that if both the doctor and the patient would take

proper care, very few heart patients will need to be admitted to the hospital, and even fewer would need angioplasties. Now people all over the world have the same experience, and the medical sector is taking serious note of the overdose of angioplasties and bypass operations."

– ***Dr Gautam Mistry, Cardiologist, Kolkata***

"In the past, I was attached to a certain hospital. The hospital management told me plainly that if I wanted to continue to be attached to the hospital, I would have to admit a certain minimum number of patients every month. I stopped admitting patients there, because I could not give such a guarantee. In the first place I will admit patients only when necessary, and when admitting a patient I will consider the patient's convenience in choice of the hospital."

– ***Dr Shyam Kagal, Physician, Pune***

"Earlier I too had left the corporate hospital. But then I rejoined when they begged me to come back and assured me I could practice on my own terms. They don't trouble me now. They need some well-known doctors around."

– ***Gynaecologist, Metropolitan City***

"New technologies come in. And then the new technology is dumped onto the patient as 'the best treatment for the illness'. For example, hair transplants, test-tube babies (IVF), and laser treatments. What is the success rate? What are the complications? There is no transparency about this. And there is a rush to try these treatments, which should be the last resort, before even trying other standard treatments, because crores of rupees have been invested by the hospital. Therefore, the rates are also very high. The patient is cheated into taking the treatment even where there is no need for it."

– ***Dr Jayant Das, Skin Specialist, Kolkata***

"When one of my patients was doing a routine test, some changes were seen in the ECG. The patient had no complaints, but worried about the changes found in his ECG, he went to a famous cardiologist. The cardiologist performed an echo-cardiogram test. Even though this was normal, he then performed an angiography and advised angioplasty. Instead of getting an angioplasty performed, the patient came to me for a second opinion. I performed a repeat ECG, which came out as normal. He had no need of any treatment, let alone angioplasty! Such unnecessary

procedures are advised because there is pressure on the cardiologist from the multi-speciality hospital to meet their targets.”

–Dr Partha Pratim Pal, General physician, Kolkata

"Corporate hospitals want only those doctors who can help them to earn more money. As a result, doctors who practise ethically cannot last there. I know of a hospital where if the patient is charged Rs 1,50,000, the doctor gets a mere Rs 15,000. Ninety percent of the income goes into the corporate coffers.

Corporate hospitals can advertise, while individual doctors are not allowed to do so! There are two types of advertisements. One is direct. And the other method is paid news! Now even the media admits that there is some such 'paid news'. The individual doctors sets up his clinic in someplace. But he can't advertise and let people know about it! How are people to know that he has set up a practice? Should we permit him to advertise after setting some restrictions? It is something we need to think about.”

**– Dr Sanjay Gupte, Gynaecologist, Pune;
Ex-National President, FOGSI**

"There was a case in Delhi that was reported in the media. A psychiatrist was fired because she did not meet the hospital's target.”

**– Dr Chandrakant Pandav, Head of Centre for
Community Medicine, AIIMS, New Delhi**

Category 4 : Lack of any rules and regulations, negligent treatment

"These corporate hospitals are terrible. Hospitals run by individual doctors still have some remaining sense of humanism; those doctors who run the hospital have to deal directly with people. But corporate hospitals focus only on the cash.

I'll tell you a true story. There was a death in a corporate hospital in the city nearby. A bill of Rs 16 lakh was prepared for a simple case of Heart attack. The relatives didn't have the money. And so the corporate hospital hid the dead body! Finally the DSP had to raid the hospital. Such incidents are horrible.”

– General Practitioner, Small Town

"A gynaecologist put a stitch in a pregnant woman's uterus. Thereafter, probably due to the needle having mistakenly caused some damage to the membranes around the foetus, she began to drip fluid. Being worried, after a couple of days she went back to the gynaecologist. Her houseman removed the stitch and delivered the baby. But due to the earlier damage, she developed a severe infection. She was admitted to a corporate hospital, which performed a sonography everyday. Every sonography report showed pus formation in her lower abdomen. That pus could have been immediately removed by just inserting a needle. But they were not doing anything. When I inquired I came to know a shocking reality. That corporate hospital has totally irrational rule, to charge double when the case enters the second week of admission and onwards. I'm sure, all this time wasting was done in her case, so that they could charge the patient at double rates."

– *General Surgeon, Big City*

Category 5 : Government policies, lack of regulation, medical insurance, etc.

"The government is shirking its responsibility. In Chhattisgarh, they have an agreement with corporate hospitals, without any regulation or control. Who is to decide who should be operated upon? The corporate hospitals. The government provides land to certain corporate hospitals nearly free of cost, with the condition that they should treat poor patients free of charge. But they don't take even one free patient. They project the patients for whom they get reimbursement from the health insurance schemes, as 'free' patients on paper.

In earlier days, doctors would set up their own hospitals. But now business-minded persons have entered the scene. They sell healthcare the way they sell slippers. They have no interest in medical ethics or in the values of the medical profession. A corporate hospital does business just like a shoe store. Tests and procedures are conducted in corporate hospitals – not because they are needed, but in order to make money for these hospitals.

There is no structure for regulation of the charges, there is no logic to the charges. Whatever they feel like, they charge! In order to earn money, insurance companies will try to ensure that the lowest possible number of people get the lowest possible amount of treatment. In turn, private

doctors will extract money from insurance companies. They will do admissions and operations even when there is no need."

– ***Dr Jana, Shahid Hospital, Chhattisgarh***

"Corporates and insurance companies are hand in glove in the matter of charges. If a corporate hospital charges Rs 75,000 for a delivery in Pune, and if the insurance company accepts it, what is one to make of the situation? I don't understand this mess. I'll give you my personal example. I had an angioplasty done in a corporate hospital in Mumbai. I was admitted at 10 am and by 2 pm all the procedures were complete. They told me to pay Rs 4 lakh by that time. The corporate hospital did not give even a doctor like me, concession of a single paisa. Cheques are not accepted. Neither are bank drafts. Just pay Rs 4 lakh in cash! Somehow or the other, I paid it within those four hours. This is not something the common man can do."

– ***Dr Rajendra Malose, General Practitioner,
Chandvad, District Nasik, Maharashtra***

"Private medical practice itself has some basic contradictions. The ideal situation would be when doctors do not engage in business by taking money from patients. Because when considerations of their own benefit enter the business, doctors will be tempted to see how they can make more money while providing medical services. And the patient too will insist that if he is paying money, he should get the health care the way he demands. However many changes you make in the system, it is not possible entirely to get rid of this contradiction. That is why we need to have a 'universal health care' system, as in the UK.

There is one benefit of corporate and multi-speciality hospitals. They cannot charge whatever amounts they want. The charges are levied exactly as they have been fed into the computer. In hospitals run by individuals, charges are levied arbitrarily."

– ***Super Specialist, Metropolitan City***

"In the central parts of the metropolis, there are many trust-run service-oriented hospitals. Some are a hundred years old, but they are now being rapidly transformed into corporate hospitals. Just as small theatres had to close down due to the advent of multiplexes. Is this the direction hospitals too are to take? It is a big issue."

– ***Dr Rajib Dasgupta, Public Health Specialist,
Jawaharlal Nehru University, Delhi***

Summing up...

During the past twenty years, following liberalisation policies, growth of the IT industry and due to other reasons, a certain class of people in India have got a lot of money. As one doctor said, in Pune city, which should have fifty Sassoon Hospitals (public hospitals), there is only one. Now new corporate and multi-speciality hospitals are coming up daily. They are bright and glittering. In some ways they are like shopping malls. Sometimes they have even been registered as so-called charity hospitals. But the only objective there is profit. Deceived by the glitter, people are going to these hospitals. They are also going there to some extent, because they feel they don't have much choice. An impression is created by these hospitals that they provide high-quality services, which can justify their high costs of care.

There is another important aspect of these 'hospital-malls'. The million-dollar question is the new technology costing lakhs and crores of rupees. If these machines are now indispensable for diagnosis, will the individual-run hospitals ever be able to compete with them? If the medical sector is left to the mercy of the market, and if the foundation of the whole business is to be profit, then where is this giant going to drag us?

A successful pathologist says that his insurance will not be enough to cover his hospital expenses during his old age (he is already in his fifties)! If he has this fear, how is the common man to get medical services? This is a whirlpool sucking in everyone. One sees that the private medical sector has totally surrendered before politician-industrialists and the

rich. If this were not enough, setting up of hospitals by service-oriented doctors has practically stopped. Service-oriented doctors are becoming an extinct species.

What will finally remain then? Will only these hospital-malls survive twenty years from now?

It is a situation that could send shivers up the spine. Doctors themselves are saying this. They are telling us that privatisation and the underlying unbridled profit orientation are destroying the basic virtues of medical services at the very roots. Are we prepared to listen to them and do something?

Social attitudes and the policy context

As mentioned earlier, the majority of these 78 doctors are engaged in a struggle to survive as ethical practitioners due to the increasingly commercialised environment. But they feel isolated. All these doctors complain that society does not stand in support of good doctors! It is true that in the past twenty years society has been dancing to the jingle of money driven by privatisation, market-promoting policies and growing consumerism. And common people are being swept away by this whirlwind. Because doctors deal with issues of life and death through their profession, service-oriented doctors were earlier considered second to gods. But where should such divine doctors come from? From Mars, maybe? Doctors come from the same society where conscientious and ethical thinking has been converted into a subject of mockery under the influence of consumerism and overwhelming influence of the market. If they have started behaving in this venal fashion, they have imbibed these values from our very own society. The policies of the government and social attitudes are also contributing to doctors becoming like businessmen. For example, we have the encouragement being given to private medical colleges through government policy!

As we saw earlier in Arthur Conan Doyle's words, doctors have the necessary knowledge and calmness of mind to turn evil. But while doctors must bear their due share of responsibility for the decline in ethical practice, it might be unfair to place the entire onus for the current situation on their shoulders.

One sees the patients and society too often colluding in this process of commercialisation, behaving in a fashion that aids this process. And a system which tends to pit patients against doctors as buyer vs. seller type adversaries in a market scenario is sharpening such conflicts.

Let us see how these doctors perceive society's role in the growing commercialisation of medicine.

Category 1: Changing social attitudes and their negative influence on the medical profession

"I am an honest, experienced and reasonably competent doctor. If I am fearful of getting beaten up every time I work in a risky area like anaesthesia, don't you think there is some fundamental flaw in our system?"

We often make the mistake of judging all doctors in the same scale. The quack and unqualified doctors, the traditional doctor who gives treatment as per his ancestral tradition, and the consultant with a valid degree in allopathic medicine – are these all 'doctors'?

In every town, we have some bogus gynaecologists who run nursing homes without any qualifications and training. They too are part of this syndrome. Their USP is: "We don't do caesarean, only normal deliveries, GUARANTEED! Isn't the acceptability these people have in society, particularly among educated people, a matter of concern?"

**– Dr Vivek Sheth, Anaesthetist, Goregaon,
Taluka Mangaon, District Raigad, Maharashtra**

"There is almost no chance that you will get patients if you engage in rational practice. Even if you tell patients that a hysterectomy is not necessary, the majority of them will get it performed elsewhere. People cannot bear the thought of their patient dying, and so all costs keep rising. This must stop. However advanced science may be, however expert the doctor may be, however many procedures and investigations have been carried out, but in the field of medicine there is no guarantee that no patient will ever die, that we can diagnose the ailment immediately and cure it. This is an unavoidable boundary. Today society does not accept this. It is frightening that society today does not accept these boundaries. Because then commercial doctors and hospitals will exploit this attitude,

and the doctor engaged in ethical practice will always feel under the pressure of doing a test to confirm that a patient is not that one exception among a million. If one were not to do this test, and if things go wrong tomorrow, people will ask why the doctor did not do this procedure. For example, given a complaint of headache for a few days, should one just prescribe simple paracetamol tablets costing Rs 10, or should one recommend that the patient get his eyes tested, or should one do a CT scan? If the patient is going to blame me in future if I do not do the scan, I will perform it today and put my cut in my pocket! Even those who practise honestly have become victims of society's unrealistic expectations."

– ***Dr Shyam Ashtekar, Dindori, Nasik***

"IT professionals and those working in corporate sector can be very rude. They don't want to wait their turn, and they casually ask for inflated bills, including bills for procedures that have not been performed. I wonder, "Even after earning so much, they are still greedy for more."

– ***Dentist, Metropolitan City***

"Nowadays patients are just unable to understand the uncertainties of this profession. Why should one test for a disease that has a very low probability of occurring. One is fearful that patients may ask why the test was not performed. Nobody is willing to hear the line, "You don't need any medicine."

– ***Paediatrician, Metropolitan City***

"Even when there is no need, people want hysterectomies and saline drips."

– ***Dr Medha Malose, Chandvad, District Nasik***

Having taken insurance, a patient feels like a king. The patient casually uses the insurance card like a debit card. They ask me, "Can you get me admitted and help me earn some money?" I refuse. But I know of some hospitals where they don't actually admit patients, but merely prepare the paperwork. The hospital, the patient and the TPA share the proceeds among themselves.

– ***Dr Sanjay Bhatnagar, Paediatrician, Delhi***

Now patients fall prey to the marketing of master check-ups and undergo many unnecessary tests. They then get worried over minor problems in some test results, and come to the doctor, not because they have some

genuine problem! This is tantamount to putting the cart before the horse. Totally unnecessary but alluring diagnostic tests, their marketing and the patient who falls prey to the marketing – this is today's reality.

– **Physician, Metropolitan City**

The perspective from which society views doctors is changing. It may be because of doctors' own misdeeds, but nowadays patients look upon doctors with suspicion. Upto a certain point, the patient should definitely ask questions. Doctors must of course be accountable. But sometimes patients and their relatives behave in an unreasonable manner. Just a few days ago, a well-educated young woman came here. I had treated her sister successfully, and she was now pregnant. This girl created a scene in front of the patients. When this patient had undergone a sonography in her 20th week, no abnormality had been detected in her foetus. But in the 25th week, the sonography showed a defect in the kidney. This girl was aggressively quarrelling with us, asking how we made such a mistake earlier. I kept telling her that kidney and heart defects cannot be seen during the 20th week, but only around the 25th week. But she wouldn't listen. Now what is to be done?

– **Dr Pratibha Kulkarni, Gynaecologist, Pune**

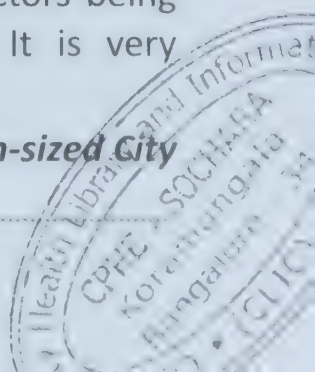
Category 2: Lack of appropriate policy and problems with regulatory framework

"Everywhere in towns and cities BAMS, MD ayurvedic degree holders in gynaecology and ophthalmology are now performing operations. What kind of government regulation is there to check this? Can doctors perform such surgeries with just a BAMS (basic ayurvedic) degree? How can they use allopathic medicines when they want to? The patients are not informed about the scope and limitations of these degrees.

Cheating and confusion in surgeries has become today's reality. In our society there is no knowledge about various degrees, and there is no shortage of doctors with such degrees. Due to blind belief that whoever calls himself a doctor has a magic hand to cure, anarchy prevails.

It is quite disturbing to see such shortcut MD ayurvedic doctors being allowed to perform operations without any restrictions. It is very frustrating for genuine specialist doctors."

– **Ophthalmologist, Medium-sized City**



Our politicians and policy-makers have permitted colleges offering DMLT Pathology degrees to be opened in every lane. I am told, "These technicians' colleges just take money and give degrees. They don't teach anything." Even consultants send their patients to them for test reports because they get 60-70% commission from these technicians. I know a technician who has been using the wrong bulb for measuring blood sugar for the past 25 years. Over the last 12 years I have myself seen this technician miss 8-10 cases of blood cancer. I feel sad that even my MBBS friends –though they have now become consultants – do not send me patients because I do not give cuts. Some of them even appoint such technicians in their hospitals and themselves earn money on pathology reports. It is difficult to understand to what extent this is going to go.

– ***Pathologist, Big City***

"The present government systems create problems for everyone. New laws torment doctors and in my opinion they achieve nothing much apart from this. I and my friends have now been practicing for 15 years. Many of my friends have left India and have migrated abroad. The frightening truth is that honest doctors will not be able to survive at an individual level. Laws are being prepared with the influence of corporates and society does not do anything. One feels sad, insecure. The direction that has been taken is making smaller hospitals unable to function."

– ***ENT Specialist, Metropolitan City***

There has been a remarkable decline in the quality of medical education. In government colleges, good teachers are denigrated. The atmosphere is not at all encouraging. And due to this, the doctors who graduate have no self-confidence. Given this lack, and the other inducements on offer, these young doctors quickly fall prey to tendencies for irrational care.

– ***Dr Jayant Das, Skin Specialist, Kolkata***

All regulatory bodies are harassing doctors. Many laws are coming in. I am not opposed to the laws but their implementation is such that it causes harassment to each doctor.

–***Dr Sanjay Gupte, Gynaecologist, ex-President, FOGSI, Pune***

Category 3: The harmful influence of private medical colleges

"Out of the more than 40 medical colleges in Tamil Nadu, half are private. I have heard that a seat in radiology (sonography/MRI) costs Rs 4 crore. An ordinary MBBS seat costs Rs 65 lakh. One sees no authority effectively regulating these colleges."

– **Dr Arjun Rajagopalan, Surgeon, Chennai**

"Nowadays the practice of putting a stitch at the mouth of the uterus has increased a lot. There is an important reason for this: this is what is taught in private medical colleges. In these colleges students learn only how to read a sonography report, not how to examine a patient. In a private medical college, 20-25 caesareans take place in a month. There are only 3-4 normal deliveries. These doctors have little knowledge about normal deliveries. They quickly get scared and perform a caesarean."

– **Gynaecologist, Big City**

"What can I tell you? Just a few days ago a fresh MD called me. He had done his MD from a private college. It was a posh hospital. A woman from the trading community came to his private hospital for the first time. She wanted an abortion. It was done. She went home. She returned after a week because her bleeding and stomach ache did not stop. This MD performed a sonography. One can see clearly – a clear diagnosis that some matter has remained in the uterus.

What would I have done? This can happen to anybody. I would have explained to the patient and immediately done a curetting (minor procedure to clean inside the uterus). End of the matter.

But this fellow just kept giving her antibiotics and tablets. A sonography every two days. The same diagnosis in every sonography. Higher antibiotics.

After a few days, it turned septic. Fever, BP, pulse: everything was alarming.

He called me. He said. "The patient has septicemia. (*severe infection that has spread to the bloodstream*) We may have to remove the uterus."

I replied, "You should at least have called me earlier." He retorted, "I'm calling you now, aren't I?"

First, this inadequate experience and on top of that this arrogance.

Even after 20 years of practice, when I have a doubt I take a second opinion from a senior. Our generation respected seniors. Now they look upon them with contempt.

And at the end it is the patient who suffers.

Extremely rude. Drunk with the power of money. One is saddened."

– **Gynaecologist, Big City**

"What is one to expect from a boy who has paid a crore or two for admission? Private medical colleges are a monster just like pharmaceutical companies."

– **Dr Rajendra Malose, General Practitioner, Chandvad,
District Nasik, Maharashtra**

Category 4 : Issues Revealed in Some Informal Conversations

One of us (AG) has practised medicine for more than twenty years. Over the past 8 years, I have been travelling all over Maharashtra. Wherever I go, I naturally have some doctor friends and we chat. I have given here some of the observations that I noted down from these conversations:

- The Supreme Court made it legally compulsory to implement certain fire safety measures. In some medium-sized cities there is no mechanism that can certify this. It's all confusion. Then how is the registration to be renewed? A way out has been found by taking written assurances from the doctors that they would implement those measures, but doctors have been forced to make some 'significant' compromises to operationalise this solution.
- In one city it has been made compulsory by officials to purchase fire safety equipment from one particular company. Obviously, the person who sells this equipment is a relative of a concerned government official.
- There is an expectation of a 'meaningful' contribution when one renews one's registration for sonography.
- Many people know juicy and amazing tales about the inspections of private medical colleges. Hiring doctors and patients for just a day to appear before the inspection team, and similar stories.

- Nowadays politicians consider a death in a hospital an opportunity to capitalise upon, in order to make some money. The workers of these politicians turn up and even if the doctor is not at fault, he is threatened. Some money is given to the relatives of the dead person, and the politicians and their workers end up earning well. "We are not at fault. A patient can die in hospital or during surgery. Why then should we give in to such extortion?" doctors ask. Shrugging aside such reservations from honest doctors, big multi-speciality and corporate hospitals engage in such compromises. In this whole process, an honest doctor's self-respect is hurt, his confidence declines, and he loses joy in his work. The insurance companies, with which the doctor has taken an insurance policy to protect himself, also keep pressurising the doctor in favour of such out-of-court settlements.

Summing up ...

The private medical sector in India today is completely unregulated. And now we have booming private medical colleges. A large proportion of private medical practitioners have BAMS and BHMS degrees, and have no systematic training in allopathy. Along with MBBS super-specialists, these general practitioners too, have set up hospitals. Both these types of private hospitals today, mainly have earning money as their central focus. Over the past 30 years, the government has actively encouraged private medical colleges. There are other problems at the social level: lack of faith in doctors, propaganda against good doctors, the unrealistic attraction towards new medical technologies, and the fact that over the past 20-30 years healthcare has increasingly come to be viewed as a commodity to be bought and sold. These changes driven by the market are associated with a trend towards 'medical consumerism' among many patients. Overall the situation is very anarchic. Both rational, ethical doctors and patients are being harmed by this situation. It is an urgent priority to find some solution. Otherwise, there is no saying where this degradation will lead us.

Some solutions suggested by doctors

All the doctors are saying in their interviews or in their written statements that society needs to look at itself in the mirror. Growing privatisation, commercialisation and consumerism is a global menace. Every sector is being shaken up. How can the medical sector be an exception? Why have we converted healthcare into a commodity dictated by the market? Has this happened as a result of deliberate policy, or has this emerged as a default option due to 'policy blindness'? First, doctors were given a free hand to sell this as a service, and then people were dragged into accepting that there was not much choice but to purchase it. While we go into such analysis, the question remains: what solutions and remedies can we implement as a society? What will the social demands be?

Before we do this, let us see what the doctors in our interviews have to say about this. From their experience, these doctors are also saying some things about the cure for this social disease, although many are quite pessimistic about the possibility of change, as we can see from a few statements.

There is no solution to this mess.

– *Dr Satish Gosain, General practitioner, Delhi*

I have so many questions, but can't think of any solutions. Are we to be satisfied just with the fact that we practice ethically? That's good. But this must improve.

– *Dr Pratibha Kulkarni, Gynaecologist, Pune*

Nevertheless, there are a range of possible solutions that have been suggested by many of the doctors, which can be broadly categorised into regulation of the private medical sector, strengthening public health services, developing doctor-patient dialogue forums and moving towards a system for Universal health care.

Category 1- Social regulation of private medical sector, rate structure and standard treatment guidelines

Doctors engaged in private practice are being suffocated nowadays and having to shut shop. When I see this, I am very disappointed. Good people are being driven out. There is no means by which doctors can have an ethical practice. One sees the pharmaceutical companies and corporate hospitals throttling those who are ethical. I am saddened by this, and have more or less given up hope. Where will all this end? I don't know.

Even sixty years after Independence, there is no system for effective supervision and regulation of the medical sector. ... The private medical sector needs to be brought under strict and effective regulation. There should be a review every year. This is very difficult. And one doesn't see anybody demanding this. There is no political will.

– *Dr Arjun Rajagopalan, Surgeon, Chennai*

"There is a dire need for a regulatory body. Allopathy and all other forms of medicine should be regulated. Treatment guidelines should be provided. Even if you permit BAMS and BHMS doctors to practice allopathy, certain boundaries need to be clearly laid down. These doctors just copy what we do. A rate structure also needs to be drawn up for all private doctors. Not only should treatment guidelines be prepared but there should be monitoring to ensure that they are followed."

– *Ophthalmologist, Big City*

"Mechanisms like NABL to maintain quality are coming in. Actually, I already do 80% of the things specified in these guidelines. But the standards suggested for location are unrealistic.

Further, the condition that a control test be conducted after a certain number of tests as a quality check is one that Indian patients cannot afford.

Corporate hospitals can follow all these rules. But their rates are beyond the reach of the common man. Experts in India should sit together and find a practical solution."

– ***Dr Mandar Paranjpe, Pathologist, Pune***

I have no problem with PCPNDT. I don't have to give a single paisa to the official who comes for the monthly monitoring. Often, I stay up late at night to fill in the paperwork. This law is appropriate. It has created fear. Such a law should be brought in for all regulation of all private medical practice. That will be very helpful.

– ***Radiologist, Big City***

Rates should be transparent. Through the Surgical Society we are working towards standardisation of rates. There is a need for regulation. But we should not implement American standards here. Do not forget that our doctors are better clinicians. You don't copy western systems which could not be implemented. Then how can you force people to comply?

– ***General Surgeon, Big City***

The following improvements will have to be done on a priority basis:

1. Medical college admissions (including in private medical colleges) should be made completely transparent. They should be done through entrance exams like in the IITs.
2. Private medical colleges may charge fees like for a MBA course, but there should be a heavy penalty for capitation fees.
3. The norms for setting up medical colleges should be changed. When more colleges come up the capitation fee will reduce.
4. Fundamental changes to be made in the medical curriculum.
5. A new Medical Council Act. The Council presently has 123 members.

The number of government bureaucrats among them needs to be reduced. There must be some patients' representatives in the Council.

– *Dr Arun Bal, Surgeon, Mumbai*

"How many CT scans do you think there are just in Pune? Shouldn't there be a central agency that decides how many CT scans there should be in Pune? This is one important issue. But there is no agency and no control. What is happening is that a lot of CT scan machines are being installed. Then all kinds of malpractices are indulged in to attract patients.

How is change possible? It is possible. It is possible to prepare a rate structure for all routine admissions, procedures and surgeries. There may be at most a discrepancy of 5 or 10%.

A law must be passed that only generic medicines may be prescribed."

– *Dr H.V. Sardesai, Physician, Pune*

"Depending on the area to be covered and the population, there should be designated general practitioners, specialists and facilities for investigations. Patients should not be allowed to go directly to the specialists. General practitioners should have strict protocols. Investigations should take place strictly according to those protocols. Send patients to the specialists only if needed."

– *General practitioner, Metropolitan City*

"The poor suffer since they don't have money for care. They do whatever they can to pay for the expenses. There should be a system whereby genuine BPL patients (there are many bogus cases among them) should get concessions in the private medical sector."

– *Skin Specialist, Big City*

Category 2 : Strengthening Public health services, promoting genuinely charitable hospitals

"There is a need for 50 large public hospitals like Sassoon hospital in Pune. Why then is there only one?"

– *Pathologist, Big City*

The best model is that of genuine trust hospitals. This means that the trusts should build the hospitals in order that the cost of the constructions do not have to be borne by patients. Private doctors should have attachments to these hospitals. A big financial burden will be over. It will be easier to monitor.

– ***Dr George Mathai, Physician, Alibag District, Raigad***

"Healthcare is a fundamental right of every citizen. The government services in rural areas and in civil hospitals have collapsed. Nowadays, a poor person has to sell all his belongings and go to a private hospital. Or else he must die quietly. When three or four persons from a family are in an accident, the whole family is destroyed. Let BAMS/ BHMS doctor learn allopathy through a one year course. Then appoint him to a sub-centre which services five villages and the government should pay him a salary. Give him permission and medicines to cure common ailments. People will do this happily. Get him to accept the condition, appoint him and give him a one year course. If a patient wants any further treatment he must come with a referral note from this doctor or else he will not get further treatment. This will be an excellent mechanism."

– ***General practitioner, rural area***

"Good government hospitals are the best means of keeping control on private practitioners. In Kerala, the rate charged by private practitioners is lower due to a better public health system. But 38 years ago when I was working full-time in a civil hospital in Maharashtra, I was harassed by many of my colleagues because I was not part of the system of corruption. Nowadays things have become even worse.

Trust hospitals are supposed to admit 10% and 20% patients free and at concessional rates respectively. We should be informed daily as to how many such beds are available in each hospital. Why is the internet not used for such things?"

– ***Dr George Mathai, Physician, Alibag District, Raigad***

Over the past 15 years, in the Delhi Metropolitan area and in its surrounding areas, the Municipal Corporation built a number of medium sized hospitals in a well-planned manner. There are of course, some deficiencies in their functioning. They face a big problem of manpower and

there is doubtless scope for improvement. But at least there is some scope for improvement because these hospitals actually exist now. Keep in mind that in the past the Municipal Corporation Hospital was only in the centre of the Metropolis. Now these hospitals have been built in areas inhabited by the poor and lower middle classes. This is the direction in which change must take place. The government health services must be strengthened."

"In West Bengal, there is a town with a population of 2-3 lakhs. For 20 years, there was a government maternity home in the town which was limping along. A pediatrician was elected as the Mayor and a retired school principal was elected as the Dy Mayor. The two of them increased the Municipality's expenditure on this hospital. The local MP helped them. Now it has 100 beds. The hospital has been attached to a medical college. All specialists are paid fees to come there and they do come. Now the municipality is making plans to make the hospital bigger. All the beds are always full.

It is not as if there is a lot of poverty all around or that private medical services are not available. This is quite a prosperous town. Cash crops grow in the area, there is also a mine. There were plenty of private doctors there for many years. Doctors from outside would deliberately ask for transfers to this town because it was easy to get established, leave the job and set up a private practice. But this remarkable policy was formulated by the municipality and as a result the 100 beds are always full. This means that private practice in the town has suffered.

This is an important example. If politicians and those who work in the government system have the will, government health services can become very efficient. But we need to keep in mind that it is of no use to just increase government services in the form in which they currently exist. They need to grow with new concepts and new policies. They need to be efficient.

– *Dr Rajib Dasgupta, Public Health Expert, JNU, Delhi*

Category 3 : Doctor-patient dialogue forum

The responsibility for the anarchy that we see today has to be borne, in descending order of importance, by the system, the individual doctor and, last of all, the patients. Improvements too will have to be made in the same order. It is essential that there be an improvement at all levels: in

government systems, policies, Medical Council of India and in the medical colleges. There is no regulation of private medical practice today – that will have to be introduced.

Will it be possible to create such a forum? It can become feasible when civil society organisations get together with doctors who practice ethically in the city in different branches of medicine and open a dialogue with the patients. Patients queries can be answered and second opinions given. If some such process begins to operate once a month then there will be a moral pressure on all doctors. Patients will be reassured by the transparently given advice. It is essential that such a dialogue between doctors and patients takes place.

– ***Dr Sanjay Gupte, Gynaecologist,
ex-President, FOGSI, Pune***

There is a need to create a forum in which patients have faith. Treatment protocols have to be created and they must be strictly implemented. Then this forum which will be composed of ethical doctors will be able to explain the treatment protocols to patients. Thereafter, the pressure on doctors to order unnecessary investigations will reduce. And if a doctor is not working properly and ordering unnecessary investigations he can be pulled up.

– ***Super-Specialist, Metropolitan City***

Category 4 : Moving towards Universal health care

There is a universal healthcare system in England. When undergoing any type of treatment, no money has to be paid by the patient. The payment is made by an autonomous body and the funds for this come from taxes. This is an ideal direction in which to move. We must make the effort. The medical profession needs to be separated from commercial considerations.

– ***Dr H.V. Sardesai, Physician, Pune***

In India, people have to select their doctor. This is not a good system. What knowledge do people have to enable them to make this decision? None. Then they decide which doctor to consult based on hearsay, or on information given by their relatives or friends. Now one even sees advertisements by private hospitals. How true are they? Nobody knows.

If the decision is left to me, I would put an end to private practice in India. I am a doctor who got into private practice against my will. Before I die, my fervent hope and desire is to see a system like in England which gives 'free medical services to all', a 'Universal Health System' being set up in India.

– ***Dr George Thomas, Orthopaedic Surgeon, Chennai***

If one doesn't bring in regulation by law, it will not be possible to implement mere guidelines.

I have friends in the UK. One is an ENT specialist. But he is working in UK as a general practitioner, and still he is happy. The system in place there is very good. Such a system needs to be brought in here as well. Of course there are certain problems with the model. The main deficiency is that you do not get an early appointment if you have an ordinary illness..

A patient from Germany was telling me that the doctors cannot spare even 2 or 3 minutes per patient. Social insurance exists there as well. But compared to the anarchy we have here, we have no alternative but to put in place a system like in the UK after reducing its deficiencies.

Yes, standard guidelines are possible. Actually, they are available on the internet. Who says that it is impossible? From the general practitioner to the super-specialist, every single doctor should have a manual containing these guidelines. After how many days should one call the patient back for an examination? How many days after changing the medication should one examine the patient again? There are guidelines even at this micro-level, and they are needed.

I know for certain that any system is bound to fail in India because social conscience in India has reached its nadir. Dishonesty has become so firmly rooted in every pore of society that any improvement is impossible. Shouldn't the Medical Council of India monitor all these things? Corruption has struck deep roots everywhere. I read about it in the papers. Everything has become disgusting. In such a situation, where does one find the political and social will and, most important of all, minimum ethical values to make any improvement? I see no light at the end of the tunnel.

– ***Physician, Big City***

We definitely need to bring in medical-services system in India, wherein there will be no direct financial dealings between doctor and patient. As long as money is paid and accepted, doctors will be tempted to engage in unethical practices. Universal health care (UHC) is such a system, and it is being implemented in around 40% of countries globally. If it can be implemented in a country like Sri Lanka, which is poorer than India, why has it not been introduced in our country?

– ***Dr Punyabrata Gun, General Physician, Kolkata***

I am now tired of arguing and quarrelling. There is a story in the Ramayana. Ravan abducted Sita. Grief-stricken, Rama and Laxman were searching for her in the forests. A tired Rama decides to have a bath in a pond. Before entering the water, he sticks his arrow's tip into the ground and leaves the arrow standing upright. After his bath, when he comes back, he sees that a frog crushed by his arrow's tip is on the verge of death.

He asks the frog, “Oh, frog, when I was about to put my arrow into the ground, you should have called out!”

The frog put his hands together and said, “Oh, Lord! I have been hearing that Lord Rama is a person who will do the world good. But when your arrow takes my life, I accepted defeat. If the one who is supposed to look after my welfare sets out to kill me, to whom can I complain?

With folded hands, I implore the government and doctors, “If you are going to shirk the responsibility of looking after the health of millions of poor people, who can save them?”

– ***Dr Sanjib Mukhopadhyay, Gynaecologist, Kolkata***

Chapter 7

What needs to be done? Moving towards social regulation and de-commercialisation of Health care

We conducted interviews with these 78 doctors across the country, and have presented to the reader the key points emerging from this process in the preceding pages. Malpractices in private hospitals, the problematic impact of corporate hospitals on the medical profession, the toxic influence of pharmaceutical companies, society's changing expectations, the role of government policies in context of growing commercialisation of medical services, and what directions these doctors see as a way out of the current situation – observations and opinions of the doctors on all these issues have been noted.

The reality of the private medical sector that is apparent through the prism of these reflections is painful and deeply disturbing. All these interviews underline the reality that the unregulated, highly commercialised and anarchic manner in which the private medical sector is operating today, is posing certain serious problems not only for society, but also for those honest doctors in the private sector who try to run their practice on ethical lines.

If this is the frightening reality today, what will be the situation in the next one or two decades? Is there a need for some urgent and far-reaching policy changes? This is something that citizens, civil society organisations, experts working in the health sector, organisations and groups of medical professionals, policy makers and of course, in our democracy, the government and politicians need to consider on a priority basis.

What do these interviews with the doctors tell us? With the exception of a few doctors, the vast majority of interviewed doctors agree on the following points. ***These points are important, since they could form the basis for developing a consensus around an agenda for change from within the health care profession***, which could complement broader social and policy initiatives:

1. Cut practice, unnecessary investigations, procedures, treatments and surgeries have spread throughout the private medical sector. These are now more of the norm rather than rare exceptions, it is not as if only a few hospitals engage in such practices.
2. All the doctors agree that the influence of pharmaceutical companies on prescribing is often distorting the nature of care and is contributing to irrational care.
3. There is a lot of dissatisfaction concerning 'donation' charging private medical colleges, which are producing doctors who have paid enormous amounts to obtain their degrees. Large numbers of such doctors entering the medical field with the primary objective of 'recovering' their investment is fuelling and significantly promoting gross commercialisation of medical services.
4. Some doctors are of the firm opinion that generic medicines should be prescribed in preference to branded medicines. (For example, the basic ingredient in 'crocin' and 'calpol' branded tablets is paracetamol.) One should be able to access cheap yet good quality medicines under their generic name.
5. There is a definite need for effective regulation of the private medical sector.
6. As part of regulating the health care sector, it is possible to ensure standard treatment guidelines. Such provisions need to be introduced. Some so-called leaders of doctors argue that it is impossible to introduce standard treatment guidelines. The doctors we interviewed have contested this assertion. Our doctors are clearly telling us that not only is it possible to bring in standard treatment guidelines, but essential to do so.
7. Rates can be regulated in the private medical sector. Many of our doctors support the creation of a practical list of standard rates.

8. Official councils, which are supposed to regulate the private medical sector, have so far largely failed to do so. These bodies have themselves become part of the system. We need to change the nature of these organisations and make them socially responsive.
9. There is need for change in social attitudes as well. Healthcare is a social right, it is not a mere commodity to be sold and purchased. In the realm of Health care, 'More' is not necessarily 'Better' and 'Most expensive' is not necessarily 'Best'. In many situations, simple measures may be preferable to excessive interventions. There is need for social attitudes to move away from 'medical consumerism' and 'doctor-shopping'. People need to be aware of the limits and strengths of various systems of healing and their distinctive modes of treatment. There is a need for widespread sensitisation on all these issues.

It would not be wrong to say that these points, which our doctors largely agree upon, can be a starting point for a roadmap for reform in the private medical sector in India.

Hence we see the need to take the following immediate steps concerning the private medical sector:

1. Doctors working in the private medical sector are themselves telling us about the massive distortions that have come to pervade the private medical sector. Active citizens, social movements, community organisations, trade unions and progressive political parties should **start a social movement for reforming the completely unacceptable reality of the health sector**. We should not forget that due to the vagaries of the human body, many of us may have to care for a patient among their family or friends in the coming period, and each of us could become a patient some time during their lifetime. The situation now is frightening and is reaching a breaking point. We cannot afford to waste time; there is need for social action *now*.
2. **Regulation of the Private medical sector** has come onto the agenda with the passing of a national Clinical Establishments Act, and with similar acts being formulated in some states. However, there are certain gaps in the current national act which need to be rectified, there is a

need for laws supported by social mechanisms that would bring in transparent and accountable regulation of the private medical sector, rather than just bureaucratic regulations. Some of the key provisions to be included in such acts can be as follows:

- The practice of giving or taking cuts in medical practice must be legally prohibited. Similarly the sponsorship of doctors' conferences by pharmaceutical companies must be eliminated. If pharmaceutical companies want to sponsor CME workshops, they should give funds to the Medical Association without any conditions or intervention in organising the workshop.
- Introduce social regulation of the private medical sector. Even though all these doctors are in favour of regulation, many have suffered due to harassment by government officials. Therefore, they are all suspicious that any system of regulation might be used to promote corruption. However, many doctors are in favour of participatory regulation, where along with legal authorities, there is scope for evidence-based review of decisions in a multi-stakeholder body, and both citizens / patients and doctors have forums for appeal. This implies that there should be an appellate board at the district level consisting of government officials, representatives of doctors and civil society organisations. One could review the decisions of government officials in this appellate board, based on concrete, appropriate evidence. This would curb arbitrary decisions, but would ensure compliance with defined standards and rules.
- Further, many doctors suspect that under the rubric of regulation, corporate hospitals are pushing for certain excessively demanding technical requirements (especially concerning infrastructure and equipment) which small hospitals cannot possibly meet. They feel that the state should take the Indian reality into consideration, and the welfare of small hospitals and patients must be kept in mind when bringing in any regulation. Many doctors are emphasising that *any system of regulation should not contribute to preferentially promoting corporate and large multi-speciality hospitals.*

- An important aspect of the regulation of the private medical sector should be ensuring patients rights, standard treatment guidelines and regulation of rates.
- Some doctors have stressed the need, while designing and operationalising regulation, to take into consideration the genuine concerns of small hospitals and genuinely charitable hospitals working in vulnerable, tribal and difficult areas with limited resources.

3. The Medical Council of India needs major structural and functional reform. At present most of the members of MCI are government officials or doctors representatives. Compared to the number of government officials, the number of patients' and civil society organisations' representatives need to be increased. The overall direction needs to be making the Council much more accountable and oriented to social concerns regarding Private medical colleges and the Private medical profession.

4. The fees being charged in private medical colleges must be brought to the same level as those being currently charged in Government medical colleges. No private medical college should be allowed to charge more than this norm. There should be a ban on starting new private medical colleges. Overall, the current trend for increasing commercialisation of medical education must be effectively curbed and the trend of escalating costs of medical education must be reversed.

Some broader directions for change are as follows:

- **Strengthen and significantly expand Public health services,** improve their quality and responsiveness, while putting in place systems for social accountability at all levels. An adequately resourced, well functioning and responsive public health system can prove to be a strong counter-balance and check on commercialisation of health care by the private medical sector. This is clearly demonstrated by many examples such as Sri Lanka and the state of Mizoram, which have well developed public health systems.

■ **Generate widespread social awareness regarding rational health practices**, the need to avoid irrational health care seeking, and to promote healthy lifestyles as well as a rational approach to health care. Medical consumerism, irrational demand for unnecessary health care interventions (irrational injections, operations, investigations etc.) must be actively curbed through policy and social action. Towards this goal, besides ensuring regulation and standard treatment guidelines related to the private medical sector, the government should launch public education campaigns through the mass media, this subject should be made part of the school curriculum, and social movements should include this theme in their agenda.

■ **Move towards de-commercialisation of Health care:** create a system which will put an end to the situation where patients have to pay doctors for their services, and doctors have to charge patients to make an income. Such a system is called '**Universal health care**' (not to be confused with Universal health coverage, which is usually linked with commercial health insurance). Such UHC systems exist in Canada, Australia, Brazil, Thailand, UK, and several European countries. In these countries, Public health services and trust hospitals have been engaged in a publicly managed system, which provides free health care to the entire population. Large sections of the private medical sector have been absorbed into the system, and a public body pays the hospitals and doctors on behalf of the patient. In such a system, decisions related to treatment are not based on how much money the patient can pay, rather everyone has access to a similar quality of health care. The public body takes the responsibility to ensure provision of health services, which is supported mainly through taxes, in some countries supplemented by social insurance. This may appear unrealistic to Indian readers, but if there is sufficient political and social will, an appropriate UHC system can be implemented in India. This would put a major brake on profiteering and commercialisation of health care, since rates for all services would be standardised and health care would be largely removed from the realm of the market. Such a system would ensure access to rational (not excessive) health care for all

sections of the population, and could ensure a decent and stable income for doctors, while eliminating the unhealthy pressures of competition, irrational care and commission practice.

The doctors whose voices of conscience are reflected in these pages, have shown significant courage in moving beyond the denial mode one often finds today among medical professionals, and have presented a grim yet realistic picture of the private medical sector in India today. We should appreciate that there are some such doctors active today, who strive to practice medicine rationally and on the basis of professional ethics, despite myriad pressures and inducements to do otherwise. As we end this report, let us express our heartfelt gratitude to these doctors, and assure them that we will not let such doctors vanish, we will do whatever is possible to prevent them from becoming an extinct species.

It is only if the demand for a rationalised, socially regulated private medical sector becomes a political demand, that we will be able to say that these doctors have received constructive support from society. We are hopeful that this can happen. Society will have to take many of the steps mentioned above to ensure social accountability and regulation of the private medical sector. This will not be an easy process, rather it will involve a prolonged and complex struggle, since massive commercial interests in the Health sector, including corporate hospitals and pharmaceutical companies are likely to resist such changes. As part of this process, we will need to keep our eyes open and actively involve such rational, ethical doctors as valuable allies, to help in operationalising rational treatment protocols, appropriate standards for hospitals, and charters of rights for patients as well as health care providers. We will need to support these doctors, while also seeking their support in such a larger movement.

And as citizens, we also need some introspection. Are we also becoming victims of medical consumerism by blindly believing that more health care, more expensive health care is always better? Aren't we on the wrong track if we think that by spending more money, consuming more medicines, undergoing operations and investigations at the drop of the hat, whether clearly indicated or not, we will be able to improve our health? We need to question some of these assumptions. Health care needs to be treated as a

basic right and social good, not as a commodity. We will have to impress this first upon ourselves and then on doctors and the government.

In any process of cure, the first step is properly understanding the disease. Regarding the private medical sector, we have taken one step in that direction through this study. These reflective doctors have skilfully diagnosed the extremely serious illnesses from which the private medical sector is suffering. Now we have to move from diagnosis to treatment, however difficult this may be.

This is just the beginning, and a long journey lies ahead. SATHI and many like-minded organisations and groups want you to walk along with them on this journey. As one step, visit the websites **www.sathicehat.org** and **privatehospitalswatch.org** and join Jan Swasthya Abhiyan, which has been campaigning since the past many years on patients' rights. We will certainly come to a point where health and health services will become a right for everyone. Public health services will be strong, efficient and responsive, and will form a basis for regulating the private medical services. When accessing health care services, no one will have to pay any money at the time of service. There will be guidelines regarding treatment and investigations, and doctors will be guided by these while carrying out treatment and investigations, minimising irrational practices. Making sick people better will not be the only aim of health services; they will also actively work to prevent disease and promote good health. There will be adequate political emphasis and expenditure on activities and programmes that foster better health, including nutrition, clean water, hygiene and safe environment, which are today neglected compared to curative services. Economic status, urban or rural location, gender, caste, religion or age would not prevent anyone from accessing quality health care.

This is not just a dream, it is possible. This dream can become a reality, if all of us come together and build a movement in this direction.

The time to start is now.

"Nowadays one gets Rs 30-40,000 just for referring a patient for angioplasty. Dead patients continue to be kept on ventilators, until the anger of their relatives cools off. As soon as an accident takes place on the highway, seven or eight of these fellows go running to the site. "This one is mine, this one is mine," they say as they lift the patients. Is it a good thing that they promptly take such patients to orthopaedic wards of corporate hospitals? Or a bad thing?

And then in doctor's parties there are colourful discussions about how a certain 'lamb' was caught ... and slaughtered. "It's the slack season now," kind of stuff. They are saddened when people in society around them are in good health."

– Dr Rajendra Malose,

General Practitioner, Chandvad, District Nasik.

"Whenever there is any discussion of the malpractices in the medical profession, doctor's associations reply that every profession has a few black sheep. Maybe some such rare elements are involved in such unethical acts. But overall they claim, the medical profession is clean! But I feel that we will now need a microscope to find any white sheep that remain! This is the level to which this profession has sunk."

– Dr George Mathai,

Physician, Alibag, District Raigarh, Maharashtra

Even sixty years after Independence, there is no system for effective supervision and regulation of the medical sector. ... The private medical sector needs to be brought under strict and effective regulation. There should be a review every year. This is very difficult. And one doesn't see anybody demanding this. There is no political will.

– Dr Arjun Rajagopalan,

Surgeon, Chennai



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